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RITUAL ABUSE IN THE TWENTY-FIRST CENTURY

Psychological, Forensic, Social, and Political Considerations

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Editors' Dedication

This book is dedicated to our parents and respective in-laws, Daniel Perskin (1920–2005) and Muriel Harris Perskin (1923 and still alive and kicking); and to James R. Noblitt (1923-1994) and Joanne Marion Noblitt (1924–2004). They were the *greatest generation* and did their best to love, encourage, and support us on our own journeys.

This book is dedicated to our children, children-in-law, and grandchildren, both known and unknown. You are our future and testament to the fact that we can do better as parents and as guardians of our children's health, safety, and happiness. Thank you Danielle and Jay, Lilly, Jake and Number 3; and James and Danielle, Leo and Riley for the love and joy you've given us.

This book is dedicated to advocates for survivors everywhere. Among those who are not contributors to this volume but who are nonetheless valued members of the advocacy community are Claire Reeves, Connie Valentine, Helen McGonigle, Ann Earle, Jackie McGauley, Dale Griffis, Jerry Simandl, and Eileen King. There are many more, and we appreciate you all.

This book is dedicated to pioneers in the field—people who staked their professional and personal reputations, and sometimes lost, trying to shed light on this perplexingly controversial phenomenon: Bennett Braun, David Calof, Valerie Wolf, Judith Peterson, Gary Lefkof, Roland Summit, Catherine Gould, Mike Moore, and many others who paved the way.

Finally, this book is dedicated to the survivors. They have endured much, shared much, overcome much. We all owe you a debt of gratitude for your perseverance, commitment, and strength of character.

Foreword

Dana Raphael

Having written the definitive book on cult and ritual abuse, *Cult and Ritual Abuse: Its History, Anthropology, and Recent Discovery in Contemporary America*, Randy and Pam Noblitt follow with a Reader which, in my view, will help settle the most destructive response to this brutal and aberrant behavior: namely, the denial of its reality.

The pages of this Reader are for the unconvinced as well as those knowledgeable of the veracity of these behaviors. Some of the writers are survivors and in their stories, as a child or adult, the reader can find the evidence that affirms the existence and practice of ritual behavior imitative of social representations of evil, most probably, in all cultures throughout the world.

Eight years ago, many countries signed a UN declaration in a special session on behalf of children, victims and survivors of every kind of inhumane abuse imaginable. There was The African Common Position, The Beijing Declaration, The Berlin Commitment, The Katmandu Understanding, The Kingston Consensus, The Panama and Rabat Declarations. Each of these proclamations promote, recognize, build upon, develop, give priority for, encourage and support a global movement that heralded a child-friendly society. Yet children today still remain defenseless. So why is it that we do such a poor job of believing what is true about this world?

A further value in this collection is that the editors, wisely, provide no single answer to the many questions raised by the contributors to the book. Among them: How do reactions to ritual abuse differ from those seen in persons diagnosed as schizophrenic? Is the so-called False Memory Syndrome a real or fabricated disease? How does a child heal from such overpowering fear? Is "terrorism" part of the crime? Is this a Western anomaly or a global tragedy? How do perpetrators initiate a state of dissociation and how widely spread is this phenomenon?

What we find here are the best bets among the possibilities for healing the wounded and innovative methodologies framed for further research. This volume offers those interested in mental health a sound reassurance that ritual and cult abuse is indeed real, and sadly, all too prevalent.

Introduction

Randy Noblitt

Editing this book, which represents the collective effort of an international, multidisciplinary team of authors, has been a labor of love. Their dedication, knowledge and ethical commitment guide us toward a clearer understanding of ritual abuse as it occurs in modern times.

The task of both telling and reading these stories is challenging. Here we must deal with accounts of terror, loss, betrayal and sadness. The process of understanding these stories is complicated. Sometimes there are external sources of corroboration for particular claims of ritual abuse, but often there are not. We know that child abuse is typically perpetrated in secrecy, and that in most cases of proven child abuse there is no physical evidence. However, we cannot ignore the compelling case for the reality of ritual crime (Rascke, 1990), the growing body of criminal cases with convictions for ritual crimes, and the other empirical evidence (Noblitt & Perskin, 2000).

That being said, why should we consider ritual abuse as something unique or otherwise different than other kinds of abuse? Ritual abuse appears to cause significant disturbances in memory and identity. Survivors of ritual abuse may be debilitated by these traumas and they frequently require specialized psychological services that are not available or affordable in their communities. The legal prosecution of these cases is often complex and challenging although, as mentioned previously, convictions do occur.

The first chapter is a paper that I presented at the 106th Annual Meeting of the American Anthropological Association in 2007. "Rituals: The Good, the Bad and the Ugly" challenges anthropologists and others to address the many cross-cultural reports about abusive rituals and ordeals that seriously damage people and sometimes result in the loss of life. Pamela Perskin Noblitt's "Redefining the Language of Ritual Abuse and the Politics that Dictate It" is the 2nd Chapter. It helps us navigate the confusing language of this field, encouraging us to work toward greater clarity and uniformity of the terminology that we use. Pam and I also edited the entire volume and I am grateful to her for her tireless work, supportive attitude and persistent commitment to this project.

Chapter 3 presents "Exploring Commonalities Reported by Adult Sur-

vivors of Extreme Abuse: Preliminary Empirical Findings" by Carol Rutz, Thorsten Becker, Bettina Overkamp and Wanda Karriker. It provides an intelligent and informed discussion of the literature regarding international reports of ritual abuse. The authors also provide us with new data from their large-scale Internet survey that helps us understand the magnitude of the problem and the specific reported characteristics of this extreme form of abuse. Wanda Karriker is also the author of *Morning Come Quickly* (2003), a fictional account of the experiences of a ritual abuse survivor.

Ellen Lacter and Karl Lehman identify a particularly confusing question of diagnosis, offering us "Guidelines to Differential Diagnosis between Schizophrenia and Ritual Abuse/Mind Control Traumatic Stress" in Chapter 4. In the 5th Chapter, Michael Salter presents "Out of the Shadows: Re-envisioning the Debate on Ritual Abuse" where he shows how the evolution of thinking about ritual abuse allegations has been confounded by social processes including ethnocentrism, denial and general misunderstanding. He demonstrates how these narratives have naturally occurred within patterns of pervasive international sexual exploitation.

What about the backlash against the abuse survivor movement? How does that figure into popular and scholarly interpretation of ritual abuse allegations? In the 6th Chapter, Carl Raschke eloquently accounts for "The Making of an Academic Urban Legend" where he explains how misinformation about ritual abuse (e.g., under the aegis of false memory syndrome) has been widely disseminated and often uncritically accepted. Carl Raschke is the author of numerous publications including *Painted Black,* the definitive book on Satanic and ritualistic crime. Martin Katchen contributes his views in "Interrelated Moral Panics and Counter-panics: The Cult Brainwashing Panic and the False Memory/ Ritual Abuse Moral Panic" in Chapter 7. Martin Katchen previously authored a Chapter, "History of Satanic Religions," that appeared in the book *Out of Darkness* (1991).

In Chapter 8 German author Thorsten Becker discusses ritual abuse as it relates to crime and terrorism and challenges the uncritical tolerance of religious or other groups whose activities may include crimes against humanity. He coins a new term, *ideologically motivated crimes,* and explains how it accounts for acts of ritual violence as well as terrorism. Therapists and EMDR specialists Frances R. Yoeli and Tessa Prattos expand on the discussion of terrorism and ritual abuse in "Terrorism is the Ritual Abuse of the Twenty-first Century" in Chapter 9. They also add their unique international perspectives as psychotherapists from Israel and Greece, respectively.

Sandra Buck informs us about "The RAINS Network in the UK" in Chapter 10. The RAINS Network provides support to ritual abuse survi-

vors. She explains the history of this network, what it has accomplished, and some of the obstacles that survivors continue to experience, e.g., a criminal justice system that sometimes fails to appropriately investigate and prosecute these crimes. Another English author, Carole Mallard, writes about her experiences with ritual crime, particularly in London, as a law enforcement officer in "Ritual Abuse—A Personal Account." She describes some of the obstructions that commonly occur in attempting to work effectively with these survivors in Chapter 11. In Chapter 12 we find "The Orkney 'Satanic Abuse Case:' Who Cared About the Children?" Sarah Nelson tells us poignantly about the complexities and obstructions that occurred in this perplexing criminal case in Scotland. Ulla Fröhling reveals the story of a woman with dissociation of identity as a consequence of ritual abuse in "Our Father Who Art in Hell: A Factual Account" in Chapter 13. She updates us with the moving narrative from her book, *Vater unser in der Hölle* [Our Father Who Art in Hell]. In Chapter 14 we find "Where Are We Now? Ritual Abuse, Dissociation, Police and the Media," by Valerie Sinason, Graeme Galton and David Leevers. These authors provide details of ritual abuse as they conceptualize it and have found it in the United Kingdom. Valerie Sinason is the editor and principle author of *Treating Survivors of Satanist Abuse* (1994). In "A Therapeutic Relationship: Shifting Boundaries in the Service of Healing" Lorna Joan Brown discusses her findings working with a ritual abuse survivor in Chapter 15. This qualitative study served to meet the requirements of her doctoral dissertation. She is now a psychologist in South Africa.

Tom Ball reflects on his Christian perspective on ritual abuse in Chapter 16. In "Prayer for Inner Healing of Memories and Deliverance with Ritual Abuse Survivors" he makes specific recommendations and provides examples of his spiritual approach. Alison Miller describes considerations for therapists who work with individuals who were abused by organized groups where control was established through a combination of abuse and training. Her valued contribution to this book is found in Chapter 17, "Recognizing and Treating Survivors of Abuse by Organized Criminal Groups."

The last three chapters are autobiographical narratives by survivors. "Ritual Abuse Survivors: Diverse, Yet Similar" by Jean M. Riseman, editor of *Survivorship,* is Chapter 18. Trish Fotheringham wrote "Patterns in Mind Control: A First Person Account" for Chapter 19. And Jeanne Adams presents Chapter 20, "Case Studies of Ritual Abuse Survivors: From Abuse to Activism." Jeanne Adams is the author of *Drawn Swords: My Victory over Childhood Ritual Abuse* (1999) and *Childhood Ritual Abuse: A Resource Manual for Criminal Justice and Social Service* (2000). We are

honored to have the Foreword written by Dana Raphael, a medical anthropologist and student and colleague of the late Margaret Mead. Dana Raphael proposed the term *doula* in her book *Breastfeeding: The Tender Gift* to mean "one or more individuals, often female, who give psychological encouragement and physical assistance to the newly delivered mother" (1976, p. 172). Her seminal research on breastfeeding and reproduction led her to conclude that a history of child abuse was a significant risk factor working against the complex process of reproduction.

It has been an honor and a privilege to work with this talented and dedicated team of authors. As we edited this work, Pam and I decided to make minimal changes regarding the uniformity of format style, so that we did not inadvertently modify any author's intended style of communicating his or her material. We want to fully respect the diversity of perspectives that these authors provide. We hope that this book helps to raise awareness about the problem and that there will be future efforts to recognize the seriousness and magnitude of these crimes and their consequences. We also ask that there be a continued dialogue among survivors, researchers, therapists and law enforcement professionals regarding the important questions that have been raised.

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Chapter 1

Rituals: The Good, the Bad and the Ugly

Randy Noblitt

The term *ritual* appears in popular language and media and in diverse academic contexts. Anthropology has contributed much to what is known about rituals. My own discipline, psychology, has also made use of this construct. In a recent search of the PsycINFO data base using the word *ritual*, I found 4,972 entries. Attempting to master this vast literature from a merely psychological perspective would be a daunting task. Attempting to integrate the literatures of anthropology and the other social sciences, as well as religious studies and philosophy could keep a team of dedicated doctoral students quite busy. With sincere humility and some sound judgment, I will not attempt that task. Instead, I will focus on my own professional work as a clinical psychologist. My own clinical practice has primarily been with adult survivors of child abuse. For these individuals, ritual acts are often a component or defining characteristic of their abuse.

Are there common themes in how *rituals* are construed?

The prevailing literature in the social sciences portrays rituals as positive events within various cultures that define milestones in the lives of the individual and community. There are rituals for almost every aspect of life from mating, to marriage, to birthing, to burial. Each has a tradition of healing and communal bonding. Each has a language, an organization, and a liturgy that forms societal and individual values and aspirations. Rituals give meaning and help to establish normative behaviors and reinforce specified hierarchical relationships. Rituals may defuse social tensions and act as a catalyst for the resolution of conflicts.

We all know that rituals sometimes include momentarily painful activities, such as those associated with some rites of initiation and other ordeals. Even these practices may be construed as temporarily harmful, but in the long term, they are intended to provide meaning and strengthen defined social relationships and roles.

Some rituals may harm the individual for the presumed benefit of the community. Criminal trials are highly ritualized events wherein the prosecution and defense present their cases and the judge and jury deliver a judgment. Rituals that result in exile, excommunication, or shunning are present in many cultures and communities. Sacrifice is a common ritual

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that sometimes elicits hardship or worse for the victim, yet is sometimes perceived as a social imperative.

But a more malignant side of ritual exists, one that has been visited on the social conscious in recent decades. The ritualistic elements of the Nazi party served to enforce their vision of a pure race and justified the extermination of those whose existence flew in the face of master race: the mentally impaired, homosexuals, gypsies, and Jews. The Holocaust literally means "sacrifice by fire." The ritualized extinction of these groups created a bond between the party's philosophy and its followers. Another example can be seen in the Ugandan child soldiers who are indoctrinated in coercive rituals to kill with impunity. Female genital circumcision is ritualistically performed to the detriment of women's health in response to some religious and cultural traditions. The suicide bombers engage in their ritual homicides in the sure knowledge that their sacrifice will be rewarded in the next life. Such ritualistic enactments leave lasting wounds on its survivors that forever alter the course of their lives.

Yet another category of ritual should be considered. Generations of men and women report victimization by ritual abuse perpetrated on them from early childhood. Inevitably, these informants also have severe dissociative experiences that interfere with their ability to engage in gainful employment and perform activities of daily living. Victims report that the rituals are designed to produce introjects or alter personality states who engage in various behaviors against the conscious will of the victim. Their narrations include examples of torture, deprivation, and deception, allegedly used to condition victims for use in pornography, prostitution, and other deviant or illegal activities.

In a recent online survey[1], survivors of extreme abuse were invited to respond to a number of items designed to delineate the range of abuses, characteristics of the abuse, psychological and physical sequelae, and impact on education, employment, revictimization, and interpersonal relationships. Almost 1,500 individuals from 30 different countries responded to the invitation to participate. These respondents identified their abuse experiences as including (1) incest; (2) child pornography and prostitution; (3) sexual abuse by multiple perpetrators: (4) being caged; (5) starvation; (6) bestiality; (7) buried alive; (8) electroshock; (9) sensory deprivation; (10) sleep deprivation; (11) forced cannibalism, (12) secret government-sponsored mind control experiments. Of those respondents who reported suffering extreme abuse in childhood, 55% reported abuse

1 See Chapter 3, *Exploring Commonalities Reported by Adult Survivors of Extreme Abuse: Preliminary Empirical Findings* by Rutz, Becker, Overkamp & Karriker.

in a Satanic cult. Of the 257 respondents who reported secret mind control experimentation, 69% also reported having been ritually abused in a Satanic cult.

In the United States, the United Kingdom, Germany, South America, Canada, Australia, and in other countries, ritually based crimes or crimes with elements of ritual abuse have been reported and prosecuted. Despite a backlash that denies empirical evidence of ritual abuse, author Michael Newton (1997)[2] accumulated data on convictions where ritual child abuse was a component feature. Of the 145 defendants who were sentenced, only 17 (11.7%) were reversed on appeal. Newton reported that these reversals did not necessarily indicate that the defendants were innocent of the accusations. In some instances the decisions were reversed based on legal technicalities and offered no opinion as to whether the crime occurred. In one of the more notorious trials involving allegations of ritual abuse, the case of the McMartin Preschool in Manhattan Beach, California, the majority of the jurors polled at the end of the second trial ending in a hung jury reported that they believed defendant Ray Buckey was guilty, but that the State had not proved its case beyond a reasonable doubt.

In *Cult and Ritual Abuse: Its History, Anthropology and Recent Discovery in Contemporary America* (Rev. ed., 2000), Pam Perskin and I defined ritual abuse as maltreatment "that occurs in a ceremonial or circumscribed manner for the purpose of creating or manipulating already created alter mental states" (Noblitt & Perskin, 2000, p. 47–48). Of the more than 300 patients I treated who reported such abuses, I learned that in many instances, destructive rituals representing a variety of different cultures, belief systems, and traditions were employed independently and concomitantly such that it was sometimes impossible to identify the specific orientation of the perpetrating individual or group. I therefore encourage individuals who report ritual abuse to avoid making specific identification of the orientation of the perpetrator(s) and instead, identify the themes associated with the rituals. The common links between these reports of victimization are (1) the ritualistic nature of the abuse and (2) the traumatizing psychological effect of the abuse.

Although rituals are often portrayed in a positive light, there is a malignant side that should be recognized. We cannot address social problems when we do not acknowledge them. Thus while some rituals may benefit the participants, others may be a vehicle for victimization and exploitation. We need to better understand how rituals can be both helpful and

2 Presented at the Believe the Children—International Council on Cultism and Ritual Trauma Conference, Chicago, IL, April 11–13, 1997.

harmful and how they impact the individual and society. Such considerations will help us to develop a broader conceptualization of what is meant by *ritual.*

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Chapter 2

Redefining the Language of Ritual Abuse and the Politics that Dictate It

Pamela Perskin Noblitt and Randy Noblitt

Several years ago, we wrote that the language of ritual abuse should be universalized, as is the language of history, mathematics, or any subject that has meaning and application throughout the world. Our call for action was in response to the continuing media bias that is directed toward allegations of ritual abuse, and the disrespect shown by the professional community for those who advocate for survivors. The media's reaction to reports of ritual abuse tend to either veer in the direction of incredulity about the reality of ritual abuse and likening such reports to alien abduction; or to exploit the event, looking for sensationalistic aspects to encourage the public's horror. Both approaches lead to discrediting the victims and their advocates. What we had hoped for was a serious discussion about the reports of ritual abuse, its psychological sequelae, and the development of a language consistent with the values of science and academia such that it would reflect the victim's experience without sensationalism. What we got was a competition for the control of the language.

One central problem in the development of a viable language to describe the experience and symptoms of survivors of ritual trauma is the ambiguity often inherent in the language of psychology. For every possible symptom, diagnosis, and treatment modality, there are countless theoretical alternative interpretations. With so little agreement between mental health professionals in general, the lack of a cohesive language to address this specific subgroup is not surprising. And it is possible that the imprecise nature of the language of psychotherapy in general is at the heart of the public's mistrust of psychology that has fostered the creation of backlash organizations such as the False Memory Syndrome Foundation. We have all heard the complaints regarding the use of *psycho-babble* and the lofty language applied by the psychotherapy community to the most mundane of human experiences. What is needed is the development of clear, precise, and objective definitions to meaningful terminology in order to clarify communications between professionals, patients, and the public. However, with various individuals and schools of thought jockeying for positions

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of supremacy within the profession, such a unifying solution is unlikely. Yet, the area of diagnosis and treatment of ritual trauma is relatively new and sufficiently small to allow for the establishment of a common language while it is still in its infancy.

The process of investigating, diagnosing, and treating ritual abuse is difficult and problematic. Psychiatric patients reporting or demonstrating symptoms consistent with the experience of ritual abuse frequently allege that family members abused them in childhood. They are sometimes too psychiatrically disabled to work. They are sometimes caught up in destructive relationships. They may be poverty stricken and without sufficient financial resources to provide for adequate psychological care. They can be self-mutilatory, suicidal and sometimes, homicidal. Their challenging symptoms and subsequent life difficulties may be overwhelming to their supporters and health care providers to the extent that the patient is under the constant threat, real or imagined, of abandonment. Given the complexity of their psychiatric symptoms, their emotional fragility, their typical financial hardship, and their societal impact, these individuals represent one of the neediest groups of psychiatric patients. Yet it is for these very reasons that they are frequently denied the most basic services. The lack of a vocabulary sufficient to address the allegations made by this population contributes to the controversy within the mental health professions surrounding allegations of ritual abuse made in the context of psychotherapy.

Mental health professionals who regularly work with individuals who report ritually abusive experiences in childhood and beyond have long advocated for a separate diagnostic category that accurately reflects the special etiological and symptomatic elements. Considering that (1) a large number of mental health professionals perceive ritual abuse to be a genuine problem experienced by some patients, (2) these patients exhibit many common characteristics, and (3) there is often some external corroboration for the patient's allegations, it is clear that objective empirical criteria warrant a diagnostic category relevant to this phenomenon.

There are, however, other reasons that warrant a separate diagnostic category for ritual abuse. It should be noted that although the phenomenon of ritual abuse shares features and characteristics with other established diagnoses, no single category within the *Diagnostic and Statistical Manual of the American Psychiatric Association* (DSM) or *International Classification of Diseases of the World Health Organization* (ICD), nor any combination of DSM or ICD labels, completely accounts for it. In order to provide reliable clinical diagnoses and advance clear research outcomes, objective diagnostic criteria are needed. Some skeptics maintain that the

current allegations of ritual abuse are mere fabrications of therapists' and patients' fantasies; or they are simply delusional material; or are part of manipulative or attention-seeking interactions. If this is the case, then clear diagnostic criteria will aid in determining the extent to which ritual abuse claims are in fact genuine phenomena versus features of factitious, delusional, or other disorders. Such distinctions are not only important for appropriate clinical diagnosis and treatment, but also lend further clarity to the growing number of legal cases in which mental health professionals are asked to provide forensic evaluations. The lack of distinct, empirically validated criteria for distinguishing genuine ritual abuse from other diagnoses could result in courts failing to remove children from abusive environments or in innocent defendants going to prison in misdirected criminal cases.

In order to formulate accurate diagnostic criteria, it is essential that a vocabulary be established that is responsive to the data, sensitive to the survivor community, and an accurate depiction of the current clinical understanding. Likewise, the language of ritual abuse must pass a litmus test that guarantees its universal understanding and application by the helping professions, the courts, and law enforcement. Failure to develop a consistent and congruent language to communicate aspects of ritual abuse and its consequences creates a host of problems—clinically, forensically, and academically.

Unhappily, backlash interests have taken early control of the language employed in the courts and media as it relates to ritual abuse. Organizations such as Victims of Child Abuse Laws (VOCAL) and the False Memory Syndrome Foundation (FMSF) have effectively wrested control of the language and subsequently extended their influence over the direction in which criminal and civil investigations are conducted and resolved. A vocabulary established to cast doubt on the credibility of victim allegations and helping professionals' ethical aspirations and professional standards has become firmly entrenched in the media and the courtroom, although it should be acknowledged that no scientific or legal standards have thus far been applied to these concepts. Terminology that includes phrases such as *false memory syndrome, parental alienation syndrome,* and *recovered memory therapy,* are readily employed in any discussion of ritual abuse or ritual crime. However, little vocabulary that relates to the phenomenon of ritual abuse has been introduced by the alleged victims of these traumatic experiences.

People who identify themselves as survivors of ritual abuse are often at a loss to describe their experiences because there is no specialized vocabulary that corresponds to their unique perspectives. Their abuse occurred

as an element of their childhood and was, insofar as they are concerned, a *normal* experience. However, with the apparent correlation between ritually abusive childhoods and the development of serious and chronic psychological conditions, it is increasingly clear that ritual abuse is not an aspect of normal development and is not a presence in the lives of most children. Development of a language specific to ritual abuse is further complicated by reports that much of the abuse occurs during early developmental stages of childhood, often in advance of language development. Without adequate language, it is impossible for survivors to clearly identify their experiences.

The term *ritual abuse* was introduced by Michelle Smith in her memoir of a ritually abusive childhood in her book, *Michelle Remembers* (with Lawrence Pazdar, 1980). She specifically called her experience *Satanic ritual abuse*. Over time, it has become evident that ritually abusive scenarios other than Satanic ones are frequently employed by perpetrators of such acts.

A few other words have crept into the vocabulary of ritual abuse as it relates to what appears to be the underlying motivation for these acts. Survivors speak of being *programmed* to respond to *triggers* that cause them to dissociate to alter mental states, *alters*. They appear to be referring to a kind of psychological conditioning in which stimuli are paired with certain acts to produce predictable consequences, *e.g.*, dissociation of identity. These individuals refer to *mind control* as the ultimate goal of ritual abuse.

Mental health professionals must rely on the existing language of psychology to evaluate, diagnose, and treat this population of survivors. However, the existing terminology has been inadequate to the needs of the clients or to others including managed care, insurers, attorneys, and law enforcement agencies. The resultant inadequacy of the language has been partly responsible for the underestimation of the presence of ritual abuse as a mitigating factor in the development of some mental disorders as well as unfavorable outcomes in criminal, civil, and administrative law venues. Clearly, it is in the best interests of all concerned to develop a language in response to the reports of ritual abuse that reflects the enormity of the problem and meets the standard of science. Furthermore, this language must be universally applicable and applied in order to convey the agreement of professionals who work in this area as well as the clients they serve. This is a daunting task.

The first step toward the establishment of universally acceptable definitions is to provide for an objective and scientific environment in which to frame our language. Free of the influences of cultural and religious val-

ues and dependent primarily on empirical evidence, this setting would provide the laboratory in which we could develop and incorporate ideas about how to best express the experiences victims describe. Unfortunately, no such environment exists. There is no way we can completely disconnect ourselves from our history, nature, culture, and beliefs. However, we can emulate the scientific model and apply scientific principles to minimize the biased interpretation of the reports and the psychological and behavioral ramifications we observe.

There is some disagreement within the mental health community regarding the legitimacy of the term *ritual abuse.* Some believe that the term is too emotionally charged, religious, and unscientific. Using the term *ritual* connotes religious context for many. Some have proposed alternate phrases such as *organized abuse, sadistic abuse, extreme abuse,* or *structured abuse.* Sarson and McDonald coined the term, *ritual abuse torture* (RAT). The term preferred by many in the mental health and survivor communities is *ritual abuse* for two reasons. Firstly, that is the term introduced and used by many of its victims. Secondly, it is more accurate and less ambiguous than the alternatives. In the book, *Cult and Ritual Abuse: Its History, Anthropology and Recent Discovery in Contemporary America* (Noblitt & Perskin, Rev. ed., 2000), *ritual abuse* is defined as abuse or maltreatment that occurs in a ceremonial or circumscribed manner and where the abuse causes traumagenic dissociation and/or establishes or reinforces control over dissociated states already in existence. This definition appears to satisfy in concrete terms what its alleged victims and perpetrators report. The term, *ritual trauma,* does not assume or make the judgment that the experience was abusive. There is an assumption that the experience was traumatic, but voluntary and not abusive and would include ritual events such as initiation ceremonies. *Ritualistic abuse* may be defined as being like ritual abuse, but not all the above criteria can be proven or demonstrated; for example, there may be evidence of a ritualistic killing where only the body is found. The possibility that dissociated states may have been created or controlled during the criminal act is unknown.

Some ritual abuse may occur within a cult or cult-like setting. There are a variety of cults, most of which are likely not abusive. The following is a useful classification of destructive cults (Noblitt & Perskin, 2000):

1. Destructive religious cults are associated with a particular religious practice, belief or system of rituals and may be further subdivided as follows:

a. Destructive apocalyptic cults promote fear and paranoia along with unfounded predictions that the world is about to end. Destructive apocalyptic cults may be distinguished from apocalyptic religions in that the former utilizes abuse, exploitation and mind control methods. Examples would include the Branch Davidians, Order of the Solar Temple and Aum Supreme Truth.

b. Destructive pre-industrial cults meet the criteria for destructive cults and also embody the traditions of pre-industrial cultures (e.g., African and New World vodoun and Santeria sects). Although some such religions may be considered destructive cults, one should not automatically assume that all are. Again the criteria of abuse, exploitation, and mind control are essential to defining a cult as destructive.

c. Destructive demonic cults meet the criteria for destructive cults and also promote the worship or reverence toward a malevolent deity, spirit or principle (e.g., Satanism, Luciferianism) or those cults which use others' fears of demons to manipulate or control them.

2. Fraternal organizations which meet the criteria for destructive cults. These groups are often secret and may also espouse particular philosophic, religious, or sociopolitical ideals (e.g., the Bizango of Haiti, the Egbo, or Leopard Society of West Africa, and various subgroups within Masonry and other quasi-Masonic groups may meet these criteria).

3. Destructive sociopolitical cults would include the Ku Klux Klan, Aryan Brotherhood, and Neo-Nazi groups. We would include the Christian Identity movement here even though technically it is a religion. However, it is not clear that the religious aspects of the Christian Identity movement are as cultish as are their racist values and politics.

4. Organized crime groups which function as destructive cults exist for the primary purpose of supporting criminal activities where there is a need for utilizing mind control procedures because of the nature of the crime (e.g., child prostitution and pornography may require such mind control procedures if the perpetrators are to produce children who appear to be enthusiastic about the

sexual activity which would normally be aversive to them). Even though coercion is presumably commonly used in criminal groups we do not think it would be appropriate to categorize all crime organizations as cults. However, when there is evidence of trauma-induced dissociation and programming, we would classify such a group as a destructive cult.

5. Government and intelligence-related destructive cults refer to the alleged organized use of cult mind control procedures surreptitiously conducted by individuals within government agencies (e.g., CIA) to further their purposes of intelligence gathering and the facilitation of other secret operations. Unfortunately, the United States government has allowed itself to become enmeshed in a complex organization of secret information and procedures which would allow unethical or illegal activities to occur without the knowledge of the general public (e.g., the Iran-Contra affair, the Watergate break-in, the use of United States citizens as guinea pigs for radiation research, etc.). Furthermore, because of the existence of what is called Sensitive Compartmented Information within the various national security and intelligence agencies, it is possible to have secret information and operations to which other individuals with Top Secret security clearances have neither access nor the capacity to scrutinize. Essentially the intelligence community is "dissociated" because of the way in which information has been "compartmented." Given this network of government enforced secrecy it may be difficult or impossible to fully or accurately assess many of the complaints of abuse made by survivors. Nevertheless, these reports should be seriously investigated.

6. Experimental destructive cults are groups that conduct coercive mind control research, typically without the victim's consent. An example would be the work of Donald E. Cameron, M.D., a past president of the American Psychiatric Association. Donald Cameron conducted experimental mind control research on unsuspecting psychiatric patients in Canada that was funded by the CIA.

Cult abuse can be defined as any abuse perpetrated by a cult. *Cult abuse* is similar, but not identical, to *ritual abuse*. The differences between these two definitions are that cult abuse does not necessarily cause dissociation of identity, and ritual abuse is not necessarily always carried out in a cult. (pp. 215–217)

Because of the nature of ritual abuse and its frequent incorporation of occult symbolism and theology, there may be a tendency to misidentify it as a religious or spiritual issue rather than a criminal one. Ritual abuse is often popularly referred to as *Satanic ritual abuse*, an expression that implies assumptions that sometimes cannot be substantiated and thus create obstacles to appropriate scientific or criminal investigation. It is necessary to recognize that when we hear the term, *satanic*, we may not know whether this term refers to a religious doctrine (Satanic) or a broader descriptive term (satanic). This is an important distinction because we are expected to respect the choices of others. It is only when such belief systems are coercive and abusive in a manner that violates the law that we have a duty to intervene.

To maintain scientific objectivity in this matter, it is necessary to exercise a position of religious and spiritual neutrality. Our legal system demands accuracy, and language that deviates from literal and supportable fact may seriously damage an otherwise reasonable legal argument in a court of law. Therefore, identifying this type of abuse as being Satanic may create impediments to successful prosecution unless it can be proven that the abuse was indeed perpetrated by a Satanic group. There is no evidence that all ritual abuse is based on Satanic principles. In fact, there is no proof that any ritual abuse is specifically Satanic. Individuals who identify themselves as Satanists frequently declare that their belief system does not include non-consensual abusive activities or involve children. Also, those who identify themselves as victims of such abuse sometimes deny that Satanic principles are at the foundation of the ritualistic components. Some elements associated with Satanism may be present in some cases of ritual abuse. In such instances, it would be more accurate and correct to refer to these occurrences as *ritual abuse with Satanic themes*. Such terminology clarifies that the alleged ritual abuse survivor describes the abuse as having Satanic elements but does not necessarily imply that either the survivor or the interviewer blames the abuse on a Satanic cult. On the other hand, if there is evidence that a Satanic cult is involved in the abuse of an individual, that should be clearly stated.

In order to accurately address the unique problems associated with ritual abuse victims, we must establish a unifying language that transcends disciplines and agendas. We must speak the same language if we are to be able to truly speak to the issue. Unfortunately, soliciting agreement between even colleagues within the same profession is a sometimes insurmountable task. Crossing boundaries between different professions is an even more daunting assignment. As in any other mission, the first step

is to be open to change, to be willing to negotiate and to compromise, so long as this does not represent the abandonment of principles, duty, and professional standards. If there is a shared commitment to truth, justice, recovery, and advocacy, a shared language is not only possible, it is imperative. However, both internal and external politics have obstructed constructive dialogue and have made negotiations regarding the development and application of the language of ritual abuse problematic.

For reasons that defy logic, there is significant resistance within the mental health community to adopting a universal language. On the one hand, this is not entirely surprising given the breadth of psychological theory and practice. However, there is more at play here. Despite the controversy surrounding the theme of ritual abuse, there is nevertheless a play for power over the language because whoever controls the language controls the direction the study of this phenomenon will take. The survivors themselves are conflicted. Many of these individuals meet the diagnostic criteria for psychological conditions ranging from posttraumatic stress disorder to dissociative identity disorder. Many of these folks report exacerbation of their symptoms when they attempt to address the ritualistic elements of their abuse histories and feel constrained to keep the secret. Others attribute mythic powers to their perpetrators and fear they are under constant surveillance and vulnerable to revictimization. Still others have spoken candidly of their experiences without restraint and the subsequent disbelief engendered by their claims has fostered mistrust of anyone outside the survivor community.

Among both survivors and helping professions, spirituality is sometimes considered a component of recovery and religious doctrine is frequently incorporated into psychotherapeutic interventions. This position has subsequently created new schisms within the community of survivor advocates. Finally, there are those personalities among both the survivor and professional communities who are deeply invested in self-promotion to the exclusion of the best interests of science, justice, and society. The factions jockeying for position may all be motivated by the best intentions, but the end result has left the survivor advocacy community divided, divisive, and diminished. While the backlash is united in both their language and resolve, the survivor advocacy community is fragmented.

The politics of ritual abuse within the traditions of the helping professions, law and the media are even more confused. Traditionally, journalists gravitated toward the underdogs and championed the causes of peace, civil rights, feminism, and other social movements that ultimately shaped society. However, in the case of allegations of ritual abuse, these professions have demonstrated a bias that actually favors the backlash commu-

nity. By adopting their language to inhabit ritual abuse allegations with a sense of hysteria and channeling their sympathies to the questionable population of falsely accused, the professional communities have influenced law, medicine, psychotherapy, and media representations of crimes with ritually abusive features. Survivors and their advocates face the dual challenge of overcoming bias as well as trauma.

If we are to apply scientific reasoning to the study of ritual abuse, we must apply a universal vocabulary that fosters an environment that eschews personal bias, self-promotion, or religious agendas, and instead is goal directed and sensitive to the realities faced by survivors. We cannot afford to spend the time and energy that has thus far been wasted in an effort to shape the language of ritual abuse to meet personal or political ambitions. Rather, we have an obligation to survivors, future victims, and society to meet the challenge of defining ritual abuse and its component features in order to develop a dialogue with survivors, helping professions, law enforcement, and the media in an effort to identify, understand, and address its many destructive aspects. Will we do our duty to survivors, science, society, and the holy grail of justice? Will we abandon those who have already been betrayed on the most fundamental level? Will we protect future generations from unspeakable acts and their crippling consequences? The answers lie not in the words we have written, but in the response of the reader.

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Chapter 3

Exploring Commonalities Reported by Adult Survivors of Extreme Abuse: Preliminary Empirical Findings

Carol Rutz, Thorsten Becker, Bettina Overkamp and Wanda Karriker

"Nothing is perfect, nor does practice lead to perfection. However, practice does lead to more knowledge and we all need that a lot."[1]

Introduction

More than two decades ago, professionals in the mental health field were calling for proof that clients' accounts of extreme abuse, specifically ritual abuse and its associated mind control programming, are based in fact. As part of a panel of extreme abuse survivors and advocates at a conference sponsored by the United Nations, co-author Karriker (2007) recalled:

> 1988. I attended a conference in Chicago that is focused on dissociative disorders. First time I'd ever talked with any non-skeptical colleagues about my work with ritually-abused clients. In an *ad hoc* group, therapists from across North America sit around in a circle. They talk about similar stories of ritual abuse that they have heard from clients. The leader calls for calm. He cautions that we as therapists should not make this phenomenon public until we have research to back it up.

In 1989, Kluft addressed the polarization in the dissociative disorders field over the subject of ritual abuse. He observed that "Clinicians in many parts of North America and in European countries as well are hearing remarkably similar accounts of ritualistic abuse from many patients" (p. 191) and recommended serious study of the phenomenon stating, "Even as I advocate an open-minded but cautious circumspection as a scientific

1 Wise words from a senior clinician who silently observed the controversy this project generated among professionals in the dissociative disorders field shortly after the survey discussed in this chapter was announced.

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modus operandi, I appreciate the difficulties (and at times the ethical and practical impossibilities) involved in such a stance" (p. 192).

At a Chicago conference addressing dissociative disorders in 1990, a heated topic of informal discussion was an article (Ganaway, 1989) in which a psychiatrist questions the reality of ritual abuse and the credibility of repressed memories. He reports that some sociologists have categorized accounts of ritual abuse as 'urban legends' and asks,

> To what degree do these vividly re-enacted experiences represent purely factual accounts of multigenerational cult activities with actual human sacrifices as described, versus fantasy and/or illusion borrowing its core material from literature, movies, TV, other patients' accounts, or unintentional therapist suggestion? (p. 211)

Two years later, the ritual abuse controversy was discussed during the town meeting at a professional conference on multiple personality in Alexandria, Virginia. As had Kluft, some experts called for more scientific data to support the existence of ritual abuse. At this same conference, Hammond (1992) described his beliefs about mind control and programming:

> When you start to find the same highly esoteric information in different states and different countries, from Florida to California, you start to get an idea that there is something going on that is very large, very well coordinated with a great deal of communication and systematicness [*sic*] to what is happening.

Co-author Becker (2007) asserts that the controversy over the reality of ritual abuse reached its peak in 1997 when prominent therapists in the dissociative disorders field were charged with civil and criminal actions. In a civil suit, Burgus vs. Braun et al., the plaintiffs claimed that false memories of ritual abuse had been implanted in a woman and her sons by Dr. Bennett Braun. Without Dr. Braun's agreement, his insurance company paid plaintiffs 10.6 million dollars to settle the case out of court. (Defendant has filed a lawsuit against his insurance company for this breach of contract). In a case that went to court, Dr. Judith Peterson faced criminal charges in connection with "false" or "recovered" memories of ritual abuse. All charges were dismissed in March 1999 before the defense was heard, ending the case in a mistrial. Becker writes that after these cases were settled, "The debate, the controversial discussion as well as the pub-

lishing of books and articles on ritual abuse seem to carry on a very much lower level of profile."

Using the term "ritual abuse," our search of the PsycINFO data base confirms Becker's observation that publication of journal articles has decreased since 1999. From 1988 to 1998, 87 articles were published. From 1999 through June 2007, only 15 were published.[2]

The International Society for the Study of Dissociation (2005) addresses this controversy over the existence of ritual abuse. Offering no scientific data to support or refute their claims, the authors of "Guidelines for Treating Dissociative Identity in Adults (2005)" write: "There is divergence of opinion in the field concerning the origins of patients' reports of seemingly bizarre abuse experiences such as involvement in organized occultist 'ritual' abuse and covert government-sponsored mind control experiments." The guidelines specify three opinions held by therapists: (1) clinicians who believe patients' reports of organized abuse; (2) clinicians who believe patients' reports of other types of sadistic events are misremembered as "ritual" abuse and mind control; (3) clinicians who believe patients' reports can be explained "as contagion, unconscious defensive elaborations, false memory, delusion, or deliberate confabulation."

Two empirical studies in peer-reviewed journals (Bottoms, Shaver, & Goodman, 1996; Schmuttermaier & Veno, 1999) indicate that the majority of surveyed therapists who have treated at least one alleged survivor believe their clients' claims of ritual abuse. From the final results of a stratified random sample survey of clinical members of the American Psychological Association, Bottoms et al. conclude that, "Overwhelmingly, our respondents believed their clients' claims, even in the absence of corroborative evidence" (p. 25). Schmuttermaier and Veno report that none of the counselors in their Australian study believe that their clients intentionally fabricated claims of ritual abuse.

In reaction to those who argue that most or all claims of ritual abuse and/or mind control (RA/MC) programming are fabricated, Hal Pepinsky (2005), a professor of criminal justice, counters:

> If these narratives are essentially fabricated, they must have been fabricated in many different ways at once. It would require a more elaborate "conspiracy" to account for how similar narratives could be falsely implanted in so many survivors' minds in so many different ways (e.g., "memories" that arise before therapy in some cases and af-

2 The first was written by Kelley (1988); the most recent by Pepinsky (2005).

> ter therapy in others, in childhood in some cases and only long afterward in adulthood in others) than to account for how so many cults and mind control programmers could operate essentially in secret, with impunity. (p. 1371)

Ritual abuse is an international phenomenon. Van der Hart, Boon, and Heijtmajer (1997) describe reports of ritual abuse in the Netherlands, Belgium, Germany, Italy, Norway, Spain, South Africa, Switzerland, the United Kingdom, and the United States; Kent (1997), in Canada; Schmuttermaier and Veno (1999), in Australia. An Australian organization, Advocates for Survivors of Child Abuse (2006), includes France, Finland, Russia, and New Zealand and points out that "Increased attention is now being paid to ritual abuse in Nigeria, India, Ghana, Zimbabwe, and Zambia and its role in the trafficking of women into Europe" (p. 16).

Mind control is also an international phenomenon. Some of our colleagues have heard reports from their clients about mind control programming in the United States, Canada, the United Kingdom, the Netherlands, Germany, Norway, Sweden, New Zealand, Australia, South Africa, France, Israel, Russia, Tibet, Afghanistan, India, Lebanon, Italy, China, Belgium, and Japan (personal communications, December 6, 2006).

Marks (1979), Ross (2000), co-author Rutz (2001), and Scheflin and Opton (1978) reviewed declassified documents proving that secret mind control experiments were conducted on thousands of unwitting subjects in CIA programs such as Bluebird, Artichoke, and MKULTRA. Ross writes, "The major goal of the Cold War mind control programs was to create dissociative symptoms and disorders, including full multiple personality disorder" (p. E). Gould and Cozolino (1992) contend that ritual abuse survivors with multiple personality disorder may have personalities deliberately created by cults that have been programmed [a mind control term] to perform specific functions for the cult. Thus, victims could have had mind control tactics used on them even if they were not subjects in government-sponsored mind control experiments. Conversely, government-sponsored mind control subjects could have been ritually abused in experimental settings.

Pepinsky believes that hearing directly from RA/MC survivors shapes his "understanding a lot more than talk or literature about them" (p. 1373). Agreeing with Pepinsky's observation, the authors pooled our various skills, knowledge, and experiences to develop a means to bring the existence of extreme abuse like that suffered by RA/MC victims to the attention not only of mental health professionals, but also to the media and to

individuals and organizations from around the world who are in positions to expose this "hidden holocaust."

Relevant Research

Using data bases covered by Academic Search Premier, CINAHL, Health Sources: Nursing/Academic Edition, PsycINFO, and PubMed and using the search terms "ritual abuse," "ritualistic abuse," "satanic abuse," "satanist abuse," "sadistic abuse," "ritual abuse and mind control," "mind control programming," and "mind control experimentation," we found 325 citations from peer-reviewed journals. Those classified as comments, editorials, book reviews, abstracts, letters, etc. were eliminated from our search, leaving 165 full articles with one or more of the search terms in the title or as a subject or keyword.

The majority are position papers addressing controversies in the mental health field regarding the reality of ritual abuse, false and recovered/delayed memories, and suggestive therapy techniques. Forty-seven articles are classified as empirical studies and can be grouped into the following categories:

11 Child victims of ritual abuse
7 Clinical adult case studies
6 Surveys of mental health professionals
4 Analyses of clinical/archival data on multiple adult survivors
4 Psychometric studies with adult survivors
3 Simulation studies using university students as subjects
3 Prevalence studies of adult and child victims
2 Surveys of child agency workers
2 Historical case studies
2 Groups of adult RA survivors compared with other groups
2 Miscellaneous studies
1 Group of RA adults interviewed

In only one study did researchers directly interview a group of ritually abused adults about "the nature of the abuse and its perceived impact on interpersonal, occupational, and spiritual development" (Shaffer & Cozolino, 1992, p. 188). In addition to the Shaffer and Cozolino study, only two studies (Bottoms et al., 1996; Young, Sacks, Braun & Watkins, 1991) display descriptive data provided by therapists regarding types and sequelae of ritual abuse. No studies involving survivors of mind control experimentation were found.

Bottoms et al. (1996) constructed a prototype of 386 cases from the decade of the 1980's based on the particular features of abuse that clinical psychologists had heard from their clients. They found the following:

> The most common feature of ritual cases was "forced sex." The next most common was "repeated practices."...Also common, however, were abuse by a member of a cult-like group; abuse related to symbols associated with the devil; abuse involving sacrifice or torture of animals; abuse involving excrement or blood; and abuse involving knives, altars, and candles... The least common features of ritualistic cases were abuse related to the breeding of infants for ritual sacrifice, abuse involving cannibalism, child pornography, and amnesic periods or preoccupation with dates. (p. 10)

From most to least reported, presenting symptoms of clients were depression, suicidal ideation, excessive fears and phobias, somatic complaints, insomnia, sexual acting out, social withdrawal, inappropriate aggression, substance abuse, obsessive compulsiveness and inappropriate toilet behavior. Forty-nine percent of clients reporting ritual abuse had been diagnosed MPD; 28%, PTSD.

Young et al. (1991) describe 37 adult patients, all diagnosed with multiple personality disorder (MPD) or dissociative disorder not otherwise specified, who reported similar abuses by satanic cults. Apparently, most of the data were collected while the patients were in treatment with the authors. The article lists ten types of ritual abuse and the percentage of subjects who reported each type: sexual abuse (100%), witnessing and receiving physical abuse/torture (100%), witnessing animal mutilation/killings (100%), death threats (100%), forced drug usage (97%), witnessing and forced participation in human adult and infant sacrifice (83%), forced cannibalism (81%), marriage to Satan (78%), buried alive in coffins or graves (72%), forced impregnation and sacrifice of own child (60%). They propose a clinical syndrome representing psychiatric sequelae common to their sample: severe posttraumatic stress disorder (100%), dissociative states with satanic overtones (100%), survivor guilt (97%), indoctrinated beliefs (94%), unusual fears (91%), sexualizations of sadistic impulses (86%), bizarre self-abuse (83%), and substance abuse (62%).

Shaffer and Cozolino (1992) interviewed 19 women and one man who reported types and aftereffects of ritualistic abuse consistent with those

reported by Young et al. All subjects reported witnessing the murder of animals, infants, children and/or adults. All reported suicidal ideation and half reported suicide attempts. The majority reported severe and sadistic forms of abuse by multiple perpetrators. Some reported continued recontact/revictimization into their adult years. Fifty-five percent reported repeated psychiatric hospitalizations during the initial and middle stages of psychotherapy. Several survivors experienced religious/spiritual conflicts stating that "the most destructive aspect of the ritualistic abuse had been the negative effects that it had on their spiritual selves" (p. 190). The majority said they believed in a higher power, but only half of that subgroup was involved in an organized religion. The majority considered participation in support groups as a necessary adjunct to psychotherapy. All considered the uncovering of memories as the primary focus in therapy and felt that "their therapists' beliefs both in the reality of the abuse they reported and in their capacity to recover were necessary preconditions to their ability to deal with these very difficult therapeutic issues" (p. 189).

Methodology

An Online Survey

The primary objectives of this study are to gather preliminary descriptive data to obtain indications of the nature and extent of extreme abuse like that suffered by RA/MC survivors and to use our findings to give survivors voice, validation, and visibility. We decided that the most practical way to reach a sample of this population and hopefully to generate a large number of responses from different geographic locations was to announce and conduct a study online.

Granello and Wheaton (2004) state that one of the advantages of using web-based surveys in the counseling profession is the ability to access individuals who are not in the mental health system but have mental health concerns. They cite studies to suggest that "self-disclosure is increased when people communicate using web-based surveys as compared with traditional paper-pencil surveys" (p. 389).

Riggle, Rostosky and Reedy (2005) who conduct research with the bisexual, gay, lesbian and transgender (BGLT) populations have found the online mode effective in reaching "subpopulations that are not easily identifiable, are decentralized, or are rare in the general population" (p. 2).[3] In their research they consider trust, which involves the assurance of

3 Compare with survivors of extreme abuse, many of whom have been threatened with death if they tell about their abuse.

confidentiality and anonymity, as one of the most important issues. They believe that for hard-to-reach populations, "the opportunity to personalize contact may be the most important element for ensuring participation and valid responses" (p. 16).

Survey Development

To accomplish our goals, we developed an extreme abuse survey (EAS) titled "An International Survey for Adult Survivors of Extreme Abuse." Offered in English and German, the EAS consists of six sections: (0) Demographics, (1) Memories, (2) Possible Aftereffects, (3) Personal Experiences, (4) Healing Methods, (5) Categories of Abuse.[4] Sections 1–3 contain closed-response questions.[5] Section 4 is made up of Likert-type items. The memories, aftereffects, other experiences, and healing methods listed in sections 1–4 have been noted in the literature or have been reported by survivors in therapy with one of the authors, at survivor and professional conferences, on websites, or in support and study groups made up of therapists or survivors. Section 5 offers respondents an opportunity to self-select the category of abuse that best describes their experiences as survivors: (1) RA, (2) MC, (3) RA and MC, (4) Other EA.

We invited a panel of survivors to pretest the instrument to assure that the directions were clear and to point out confusing or ambiguous terms. In addition to offering suggestions for additional items, the panel confirmed that all items have face validity, i.e., the questions make sense in regard to personal experiences that survivors have reported.

Population and Sampling

Because it would have been impossible to select a worldwide random sample of extreme abuse survivors, we used convenience sampling. In her announcement letter, co-author Rutz asked fellow survivors and their advocates to do the following:

> Forward this email announcement to other RA/MC survivors whom you know, email lists of survivors, and all professionals you know who work with survivors and ask them to forward to others and ask others to forward to survivors and to professionals (including therapists,

4 See Appendix for a list of all items included on the survey.

5 The directions read: When responding to a specific item, check only the most appropriate response. If you prefer not to respond to a specific item, or if its meaning is unclear or not applicable to your situation, you may choose "No Answer" (n/a) by clicking on the circle in front of the item.

> physicians, clergy, deprogrammers, researchers, law enforcement, attorneys and others who have worked with RA/MC survivors) literally sending the announcement around the world.

Thus, the target population for our study is defined as all adult survivors of extreme abuse including, but not limited to, ritual abuse and mind control who saw or heard about the announcement of the EAS made by Carol Rutz to her fellow survivors and their advocates on December 31, 2006. Initially sent to 139 survivors, six survivor lists and 50 therapists/clergy/helpers, Rutz's letter stated the rationale for the survey and provided a live link to the URL where it could be accessed (http://extreme-abuse-survey.net). The announcement letter was also posted on the EAS website for benefit of those who heard about the survey but did not receive the announcement email. Including her email address in the announcement made it possible for persons who had questions about the project to reach her. Midway through the online posting, February 14, 2007, Rutz sent an email reminder of the survey to her contacts.

To accommodate survivors who did not feel comfortable taking the survey online, the instructions for the EAS gave them the option of printing it out or requesting a pdf file to complete and return to one of the researchers by postal mail or email. Email addresses were posted on the website in both German and English for survivors who had questions and comments for the survey developers.

Technical Problems, Solutions, and Attacks on Our Efforts

Online surveys are often used by companies to obtain feedback from customers and by universities to conduct social science research. Without the resources of these types of organizations, implementation of the large scale EAS was a significant challenge. In the early stages of planning, we addressed several questions:

1. What are possible obstacles to a successful completion of our mission?
2. What types of technical assistance do we need?
3. What technology do we need to collect, store and analyze the data?
4. What will the project cost and how will we pay for it?

5. How do we publicize the survey?

6. How would alleged perpetrators of the abuses highlighted in the EAS react to their crimes being exposed through survey results? Would the website be attacked? Would attempts be made to hack the data on the server? Would alleged perpetrators try to spy on the users?

Before we could go forward with the survey, it was imperative that we find answers to these questions and resolve the issues they presented. Consultations with webmasters and small service providers made us aware of potential problems that could undermine our goals if not remedied.

Possible Obstacles

A primary concern was that we had no means to estimate the number of extreme abuse survivors who would participate; therefore, we could not predict the server capacity required to store our data or the amount of online traffic that would be generated—essential determinants for Internet provider costs. There was also the risk of a denial-of-service attack which meant that the server would be swamped with requests from the Internet and lose bandwidth to the point that the survey would no longer be accessible.[6] This could also affect other websites hosted by the provider such as reported by Kossel & Koetter (2007). Another major concern was that a positive response on one of the questions—"I was forced to murder a baby."—indicated the violation of a criminal law and could possibly garner the attention of law enforcement, thereby increasing the risk of our provider being raided and his equipment confiscated.[7]

How to gain the trust of survivors and assure them that their participation in the survey would remain confidential was discussed at length. Since each connection on the web is between the sender (online user) and receiver (the addressed web server), both sender and receiver can be identified by an IP number which can be traced through the server either online or in storage.[8] Anonymity of the respondents could not be guaranteed under these circumstances.

At this point in our planning discussions, it became clear that we needed a rather unconventional solution for the problems mentioned above. Because broadband Internet enables persons to run web servers in

6 This happened to itunes.com the night the survey went online (12-31-06).

7 See the conflict about the Jet-Report on the reported RA case in Nottingham, UK as documented at www.cyber-rights.org/jetrep.htm.

8 Under German law, providers have to store the connection data for six months.

their own homes, we decided that the best approach was to be our own provider through the auspices of David Tommasi. In addition to minimizing all the above mentioned risks, this arrangement offered immediate offline access to the data and hardware, allowing for concurrent backups and efficient maintenance.

Technical Assistance

We could not have conducted this project without the assistance of two external teams working in the background: (1) the questionnaire programming team and (2) the IT team. Members of the questionnaire programming team (who desire to remain anonymous) took over the tasks of programming the questionnaire and collecting the data. Employed by a German media publishing company, they specialize in working with the Microsoft.NET Framework which is used for small web questionnaires developed for contact with customers and surfers who visit the websites of their company's various magazines. Using this technique, there is no need for a database, i.e., all data are stored in xml-coding and accessible without specialized tools or software programs. This process does not require sophisticated, expensive hardware. The IT team took over the task of hosting the website.

Aside from these teams, several support persons helped with various tasks involved in getting the EAS and two subsequent surveys online.[9] Altogether, a staff of 15 volunteers supported the surveyors. Not one of these people charged for their services.[10]

Technology

Under German law, every website hosted in Germany must have an "Impressum" displaying contact information for the website. S.P.ORG.-Consulting e.V.[11], a non-governmental organization located in Lueneburg, Germany, took responsibility for the EAS website using the office address of co-author Becker. The domain, Extreme-Abuse-Survey.net, was registered to David Tommasi who hosted the project

9 The "International Online Survey for Therapists/Counselors/Clergy Who Have Worked Professionally with at Least one Adult Survivor of Extreme Abuse (P-EAS)" was online April 1, 2007 – June 30, 2007. The "International Online Survey for Caregivers of Child Survivors of Ritual Abuse and Mind Control (C-EAS)" was online July 8, 2007 – October 30, 2007.

10 A warm "Thank you" to all who helped us overcome the obstacles that could have prevented us from going forward with this project.

11 SPORG-consulting provides the information pages on "Trauma and Dissociation" (in German language) at www.dissoc.de. Also available at this website is information about the German (speaking) Study Group of the International Society for the Study of Trauma and Dissociation (ISSTD).

Our online provider worked as a relay station and directed all requests to a private broadband telephone account connected to this provider by a script which handled the Dynamic Name Server (DNS) and updated IP addresses. The script ran on a web server with a LINUX operating system[12] which served as a proxy for the server which hosted the survey. This server ran under Microsoft Windows 2000 and Microsoft.NET Framework 2.0.

A script which sent out an incremental backup of the survey data to each of our two email addresses was also running on the LINUX server.[13] Data were sent via compressed and encrypted files. The LINUX server also functioned as a relay for two support email addresses (one in English and one in German language) through which participants could contact the surveyors.

Costs

We purchased three used Fujitsu-Siemens Scenic D[14] computers on eBay and added memory and hard disks that we had on hand. All three computers were set up identically with one placed as a backup close to the primary location and another as a backup at co-author Becker's home. Although this hardware could be considered outdated, it served our purpose well.

Our expenses were approximately 120 Euros for hardware. Software licenses were sponsored by friends. No one connected with the project received any compensation for their expertise or time.

Publicity

The EAS went online on December 31, 2006 at approximately 6:00 p.m. MEZ. Shortly afterwards, co-author Rutz sent her email announcement of the survey (see above). The same night Jean Riseman, editor of *Survivorship*, announced and endorsed the survey with a special newsletter to subscribers. During the next few weeks, the survey was announced on several other survivors' and therapists' mailing lists, on survivor websites, and in other survivor newsletters.[15]

The website had an extended use of Meta Tags by the choice of relevant keywords; consequently, the survey gained high ranking at Google and AltaVista almost immediately. It was also listed in several online ad-

12 After some serious network stack problems with Fedora Core 2, the system was changed to Red Hat Enterprise LINUX (RHEL) Version 4.4.

13 Dual CPU 550 MHZ (overclocked and updated to 700 MHZ during the survey), 512 MB RAM, 70 GB SCSI-Harddisk.

14 933 Mhz, 128 MB RAM, 20 GB Harddisk.

15 A warm "Thank you" to all who supported this survey by announcing it.

dress books. Incidentally, one provider banned the link to the survey due to the use of the term "child pornography" in the Meta Tags, even after we had explained the purpose of the survey. When the provider was asked why this decision had been made, he replied, "We don't want to have anything to do with child pornography."

Attacks

On the evening of January 2, 2007, the server faced an intense amount of port scans at the high and low ports and also attempts to access non-existing server pages by checking a variety of filenames. For a few days afterwards, the nameserver was addressed with several requests[16] carried out on a large scale. This used an enormous amount of bandwidth, rendering the server at stake due to this loss. In the first weeks, our provider's own web projects had an unusually high amount of traffic suggesting that unknown people wanted to learn more about those working on this survey.

Fortunately, the attacks gradually diminished and after three weeks almost ended. In early March, there was another attempt to hack the server by someone trying to connect to the Microsoft Frontpage serverports which are part of the Microsoft Internet Information Server. Since we did not use these ports, this attack failed.[17] Parallel to these incidents, third parties made several attempts to obtain the private data of some surveyors and technicians.

Apparently because of discussions about the EAS on survivor Internet forums, both David Tommasi (Internet provider) and co-author Becker were extensively and aggressively flamed by emails for offering this survey and conducting it in a way that was "not responsible." On one German Internet forum moderated by a professional mental health carer, a detailed description was posted detailing ways to attack the survey.

We were criticized because we did not use SSL[18] encryption, a technique used by online shops to transfer credit card data. The critics' rationale was that without SSL, there was great potential for respondents to be spied upon. They did not understand or acknowledge that an SSL connection stores the IP addresses of both senders and receivers and if used would breach the anonymity of those who participate in the survey.

Although the technical aspects of our project received negative criticism from some members of the mental health community, our work re-

16 Ping, nslockup and trace

17 It is worth noting that during the second survey, the survey for professionals, there were almost no attempts like this.

18 SSL = Security Socket Layer

ceived positive reactions and support within the LINUX Internet community and related discussion forums. For example, there had been a celebration with many congratulatory emails when our LINUX server was updated to the Red Hat Enterprise Linux.[19] This remarkable difference in tone between the friendly LINUX community and the German critics of the survey within the mental health community was gratifying.

On March 31, 2007, at the end of day (in all time zones), the EAS was taken offline. For a financial cost of approximately 120 Euros and with the volunteered help of 15 technical support persons and numerous survivors and therapists from around the world who helped publicize the survey, we succeeded in overcoming the obstacles (including attacks on our server and personal attacks on the surveyors) that could have prevented a successful completion of our mission to give extreme abuse survivors from around the world voice, validation and visibility.

A Prepublication Backlash Against Our Methodology

As developers of a preliminary survey designed to address one of the most controversial issues ever to engage the mental health field and spill over into the public arena, we expected to receive rigorous methodological scrutiny when we published the results. We did not anticipate that less than two weeks after the EAS had gone online, we would be inundated with attacks on the validity of our potential results. Without benefit of seeing the assumptions and limitations that we had acknowledged in our research plan, self-appointed critics on at least six professional lists accused us of being both unethical and unscientific. In addition to pointing out most of the limitations discussed below, they judged our methodology as flawed, even before the majority of participants had entered their answers into our data base.

One clinician asked why a study like this was needed since there is no evidence that ritual abuse and mind control experimentation on children have ever occurred. We were accused of having violated the ethical principles of research involving human subjects because we did not provide informed consent for potential participants[20] and because our study was not approved by an institutional review committee.[21]

Criticisms centered around three issues: (1) the risk that clients might take the EAS and unconsciously incorporate events that didn't happen

19 Several of these Linux administrators reported in private email conversations that they took part in the survey as survivors of extreme abuse

20 The American Psychological Association (2002) Code of Conduct does not require informed consent for anonymous surveys.

21 The survey was conducted privately, not under the auspices of an institution.

to them into their memory systems;[22] [23] (2) fear that mere exposure to the items might provoke intense anxiety in fragile, unhealed clients and cause them to decompensate;[24] and (3) concern about the "uncontrolled distribution" of the survey directly to survivors who were asked to forward it to other survivors and persons who were not therapists who could not discern which survivors could tolerate the survey. P. Perskin addressed the above-mentioned survey issues:

> The criticism leveled at the Extreme Abuse Survey seems to ignore the value of this pioneering effort. Ritual abuse and other forms of extreme abuse are frequently reported by individuals diagnosed with dissociative disorders. Gaining a better understanding of the experiences these individuals share and their reactions to these experiences fills an enormous gap in the therapeutic process. We cannot know what experiences are true or fabricated (by the perpetrator or the victim). But we do know that the psychological sequelae can be disabling and create lifelong problems that may never be overcome. We owe it to these people to do all we can to recognize and respect their stories and to work with them to find a way of mitigating their symptoms and distress. (personal communication, January, 2007)

Offering support for our efforts during the heat of this discussion, S. Oz from Israel (personal communication, January, 2007) wrote, "It seems to me that all this concern about 'saving' adult survivors of evil from a questionnaire that can validate their sanity is inappropriate." K. Downing from California (personal communication, January, 2007) said that because she had been cautioned by her colleagues that the questions were horrendous and that survivors might destabilize if they read the questions, she had tried to dissuade a client from taking the survey. When she told her client that other therapists were afraid to tell their clients about the

22 This line of reasoning is similar to that touted by proponents of the "false memory" syndrome. No scientific research has shown that therapists can implant false memories of RA/MC, although therapists have been sued based on anecdotal reports of such.

23 Leavitt (1997) found that patients at a large medical center who recovered memories of sexual abuse during treatment scored lower on a measure of suggestibility than a psychiatric group without a history of sexual abuse.

24 Writing about the ethical aspects of surveys, Singer (n.d.) states, "Few, if any, surveys put respondents at physical or psychological risk in ways that psychological experiments or, particularly, medical research may do."

survey, the client shouted: "A survey? They're worried about a friggin' survey? After what we've been through?" So Downing wonders:

> Exactly what is it about the survey that could destabilize the survivor? The questions provoking overwhelming flashbacks? Or the threats that the perps have instilled in their victims: not only "If you tell you die," but also, "If you ever remember these things you will have to kill yourself."

Co-author Rutz replied to Downing:

> When I was new in therapy, the "don't tell" programming and fear associated with telling was overwhelming. I too felt all of the things your clients have indicated. It's good to be reminded how vulnerable and fearful survivors can be. Once they tell and find none of those horrid things happen, then it will be easier to tell and tell and tell. I would say this survey may provide a key element in their ability to move forward in their healing.

A study by Cromer, Freyd, Binder, DePrince and Becker-Blease (2006) should allay some of the anxiety of therapists who ask their traumatized clients to participate in social science research. This study compared the risks in asking trauma history questions (including questions about rape and incest in one sample) with asking other personal questions. The researchers conclude that "trauma questions cause relatively minimal distress and perceived greater importance and greater cost-benefit ratings compared to other kinds of psychological research in a human subjects pool population" (p. 359) and that "trauma research that asks participants to anonymously disclose their trauma histories either in paper and pencil or in online reports may also be classified as minimal risk" (p. 359).

Cromer et al. (2006) made it clear that trauma survivors in their study appreciated having the opportunity to participate in trauma research. This attitude was echoed by survivors from around the world who took the EAS. For example, a survivor from the United Kingdom wrote, "Heartfelt thanks for all your efforts. I believe that the twenty-first century will bring truth to the world because of all of us, survivors and supporters, who will lead the way. We have not survived in vain" (personal communication, January, 2007).

Assumptions and Limitations

Results of our study provide descriptive data obtained from a single online administration. We did not have access to a group of extreme abuse survivors to pretest the instrument for test-retest reliability for individual items or sections of the instrument. We are aware of no instruments which measure the constructs under investigation, making it impossible to have offered both the EAS and another instrument in a pilot study to compare results for convergent validity. Neither do we know of an instrument that has been shown to have no correlation with the construct of RA/MC; therefore, we had no way to assess discriminant validity. As Riggle et al. (2005) acknowledge, "Limitations on the external validity of the results drawn from online surveys are unavoidable" (p. 3).

A major limitation, one which is inherent in all anonymous surveys, is that we could not control the sample; neither can we guarantee that participants always told the truth or that all are survivors of extreme abuse. However, because survivors of torture sometimes report bizarre-sounding types of violence (some of which may have been staged to deceive small children), we could not come up with any survey items to rule out "fakers."

Since we decided to place the issues of anonymity and confidentiality above a need to require each person who logged in to use a password and identify himself or herself, it is possible that participants could have taken the EAS (or parts of it) more than once. Because of the length of the survey and the intensity of many of the questions, we believe few, if any, survivors would have been motivated to embellish the survey results by taking it multiple times. As with all anonymous surveys, there was no way to keep ineligible participants from responding.

No widely accepted definitions appear in the academic or survivor literature for the terms "ritual abuse," "mind control," or "extreme abuse." We did not operationally define those terms for the EAS, rather we made the assumption that respondents would define the terms within their own frames of reference. Except for the scant quantitative data we gleaned from the studies discussed in the "Relevant Research" section, the list of variables investigated by the EAS is primarily based upon previous knowledge and assumptions of the authors and cannot encompass all memories, aftereffects, experiences, or healing methods that individual survivors report.

We chose to offer no open-ended questions because we were concerned that we would not have the resources to adequately judge a large number of responses. Even though this limited participants in their ability to include everything they might have wanted to report, it is possible that

not using open-ended questions led to higher incompletion rates.[25]

Parts 1 and 3 of the EAS are designed to collect information on remembered occurrences of past events; however, we realize that relying on memory presents challenges of forgetting, confabulating, embellishing, dissociating, denying, etc. Also, anecdotal evidence suggests that adults who were subjected as children to ritual abuse, mind control, and other forms of extreme abuse are likely to have been programmed to "not remember" or "not tell" (under threat of death in some cases) the horrendous things that they endured.

A few respondents reported technical difficulties on their first attempts to take the survey including a power outage, a computer freeze-up and failure of a dial-up connection. We assume that motivated participants tried a second time to participate.

Due to the traumatic background of survivors of extreme abuse, we were cognizant that some of the questions could be triggering, possibly causing various levels of posttraumatic stress reactions. For this reason, the instruction page of the EAS includes a warning: "Some of the responses may be triggering [emotionally upsetting] to survivors. You may stop at anytime and you do not have to complete it."

We assume that those who chose to respond would in some respects be different from those who chose not to respond, but we cannot ascertain how they might be different. Neither can we determine if the 55 respondents who chose to take the survey offline and mail it to one of the researchers to input onto the EAS website are different in significant ways from persons who took it online.[26]

We cannot generalize results beyond the sample who actually responded. As with any self-report survey, EAS results do not provide evidence that events reported by respondents occurred; however, we believe that the participants have provided valuable information that is consistent with what we have heard personally and professionally from persons who identify themselves as survivors of extreme abuse. For its limited purpose, we assert that our approach is consistent with acceptable descriptive social science research. It is a starting point from which other researchers can decide if further investigation is warranted.

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25 Granello and Wheaton (2004) (as cited in Crawford, Couper, & Lamias, 2001) found that "the use of open-ended questions contributed to high abandonment rates" (p.390).

26 Research on the differences between data collected online and by paper-pencil tests is equivocal (Riggle et al., 2005; Granello & Wheaton, 2004).

Results

Fourteen hundred seventy-one (1471) participants from more than thirty countries[27] answered at least one of the 248 questions on the EAS. Responses were exported from the web server into a spreadsheet format where macros were used to analyze over 351,000 cells (or pieces) of data to develop the survey results for statistical analyses. The following numbers of participants answered questions in each section. Note that the majority of dropouts occurred after the first section.[28]

- Demographics 1430 – 1451
- Memories 1068 – 1159
- Possible Aftereffects 1034 – 1118
- Personal Experience 956 – 1013
- Healing Methods 903 – 969
- Self-selected Abuse Category 987

Frequencies of responses for first and last questions for those who took the survey in English and those who took it in German were compared. For the English version, the percentage of those who answered the last question (categories of abuse, n = 825) is 75% of the number who answered the first question (gender, n = 1097). For the German version, the percentage of those who answered the last question (n = 162) is 47% of the number who answered the first question (gender, n = 343).

Of 987 persons who self-selected the category of abuse that best describes their experiences, 19% chose ritual abuse; 7%, mind control; 52%, ritual abuse and mind control; 22%, other extreme abuse. Listed below are the five most frequently reported "yes" responses for the memories, possible aftereffects, and personal experiences sections.

Memories

- Receiving physical abuse from perpetrators
- Sexual abuse by multiple perpetrators
- Other abuse(s)
- Being threatened with death if I ever talked about the abuse
- Witnessing physical abuse by perpetrators on other victims

27 US (774), Germany (273), UK (92), Canada (75), Australia (38), New Zealand (6), Armenia (3), Austria (8), Belgium (1), Bulgaria (1), Switzerland (13), Czech Republic (1), Spain (2), France (2), Greece (5), Ireland (1), Italy (1), Netherlands (8), Norway (10), Romania (1), Sweden (4), China (1), Colombia (2), Hong Kong (1), India (3), Israel (11), Kyrgzstan (1), Mexico (1), Malaysia (1), Saudi Arabia (1), South Africa (6), Undeclared countries (124).

28 We found no studies to help us determine the typical dropout rate for online surveys.

Possible Aftereffects
- Sleep problems
- Painful body memories
- Posttraumatic stress disorder
- Unusual fears
- Beliefs indoctrinated by perpetrator(s)

Personal Experiences
- I have a spiritual belief system.
- I was subjected to RA/MC at ages 3 through 6.
- I was subjected to RA/MC at ages 7 through 13.
- I have been diagnosed with DID (dissociative identity disorder/ formerly multiple personality disorder).
- I had memories of incest before I sought therapy/counseling.

The five most frequently reported healing methods that were checked either "much help" or "great help" are
- Individual Psychotherapy/Counseling
- Supportive Friends
- Creative Writing
- Personal Prayer/Meditation
- Journaling

Relevant to the controversies over the reality of ritual abuse, government-sponsored mind control experimentation, the credibility of repressed memories, and claims that therapists implant false abuse memories in their clients, our data show that 64% of 985 respondents reported memories of incest and 48% of 977 respondents reported memories of ritual abuse before they sought therapy. Sixty-nine percent of 257 respondents who reported secret mind control experiments used on them as children also reported having been abused in a satanic cult.

There are numerous ways to statistically analyze this massive amount of descriptive data depending on which research questions are asked. For this chapter we answer the following:

1) Are there significant differences in the ways respondents from different countries categorize their abuse experiences when asked to choose either RA and MC, RA, MC, or Other EA? (See Table I)

2) Are there significant differences among the percentages of EAS respondents who report specific types of abuse in a satanic cult and the percentages of patients who reported similar types of abuse in the Young et al. (1991) and Bottoms et al. (1996) studies? (See Table II)

3) Are there significant differences among the percentages of EAS respondents who report possible aftereffects of abuse in a satanic cult and the percentages of patients reporting similar types of sequelae in the Young et al. (1991) study? (See Table III)

In planning the survey, we had no estimate of how many survivors would respond or from which countries they would come. Fortunately, the response rate was high and we were able to set up seven countries or groups of countries, each with the number of respondents large enough to allow for use of the chi-square test.[29] To answer the first question, we developed a contingency table to analyze the association between countries of residence and self-selected categories of extreme abuse. Using the chi-square test, we compared observed responses of each group with those that would be expected if there were no association between countries and categories of abuse. (See Table I).

Table I. Relationships among Countries of Residence and Self-selected Categories of Extreme Abuse

(Cell Contents: Percent of Total: 987, Actual Count, Expected Count, Contribution to Chi-square)

Countries	RA & MC	RA	MC	Other EA
Germany	29%	18%	04%	49%
n = 138	40	25	6	67
	72	27	10	30
	14.03	0.11	1.38	45.95
UK	53%	27%	07%	13%
n = 62	33	17	4	8
	32	12	4	13
	0.02	2.09	0.03	2.20
Other Euro	42%	17%	11%	30%
n = 36	15	6	4	11
	19	7	3	8
	0.74	0.13	0.87	1.31

29 No more than 20% of the expected counts are less than 5 and all individual expected counts are one or greater.

Countries	RA & MC	RA	MC	Other EA
Canada	52%	18%	14%	16%
n = 56	29	10	8	9
	29	11	4	12
	0.00	0.06	4.26	.81
AU and NZ	55%	26%	06%	13%
n = 38	21	10	2	5
	20	7	3	8
	0.08	0.95	0.16	1.27
United States	58%	19%	06%	17%
n = 582	340	110	37	95
	302	112	41	126
	4.65	0.06	0.33	7.71
All Other	47%	17%	11%	25%
n = 75	35	13	8	19
	39	15	5	16
	0.41	0.16	1.45	0.46

Chi-square (18, N = 987) = 91.70, p. $\leq$ 0.001

To answer the first research question, we conclude that with a chi-square (18, N = 987) = 91.70, $p \leq 0.001$, there are significant differences in the ways respondents from different countries categorize their abuse experiences when asked to choose either RA and MC, RA, MC, or Other EA. It should be noted, however, that half of the contribution to the chi-square (45.95) comes from one cell (Germany/ Other EA).

We reconstructed the contingency tables and performed two more chi-square tests to see if one or both of those variables were responsible for the significant distribution. When "Germany" is excluded as a research variable and "Other EA" is included, the distribution is not significant: chi-square (15, N = 849) = 21.14, $p < 0.20$. When "Other EA" is excluded and "Germany" is included, the distribution is not significant: chi-square (12, N = 773) = 16.48, $p < 0.20$. Therefore, if we use only three categories for comparison (1) RA and MC, (2) RA, and (3) MC, there are no significant differences across countries in how respondents classify their ritual abuse and mind control experiences. Further examination of German responses on specific survey questions may help deter-

mine why survivors from Germany differ from survivors from other parts of the world in the percentage of those who chose the category "Other Extreme Abuse."

Only two studies in the peer-reviewed literature (Young et al., 1991; Bottoms et al., 1996), neither of which surveyed subjects directly, provide sufficient data with which to compare some of our results. We had incorporated all types of satanic ritual abuse and its sequelae reported by Young et al. and some of the ritualistic features reported by Bottoms et al. into our list of survey statements although we had changed some terminology to make questions for the EAS clearer. Three statements in the Young et al. study were two statements in one and these were divided for the EAS. To compare the proportions of responses on these studies with the proportion of responses on the same or similar items on the EAS, we used the z-statistic. (See Tables II and III)

The answer to the second research question is easily discerned by looking at Table II. It shows that for nine out of ten types of abuse, there is no statistical difference in frequencies of responses between the Young et al. patients and the EAS respondents. This means that 90% of the Young et al. findings were replicated in our study. Although 100% of patients in the Young et al. study reported "Witnessing animal mutilation/killings," only 86% of EAS respondents remembered this as part of their abuse history. When frequencies of listed responses on the EAS are compared with frequencies reported on the Bottoms et al. (1996) study, there is a highly significant difference on each item ($p.<0.0001$).

We can only conjecture why the Bottoms et al. (1996) findings are incongruent with the EAS and Young et al. (1991) findings. Perhaps the answer lies in the methods in which the different population samples were chosen and/or the ways the data were obtained. Bottoms et al. relied on reports of clinical psychologists to supply features of ritual abuse they had heard about from their clients; whereas, Young et al. reported information obtained from their own patients collected from ongoing clinical interviews over a two-year period. In contrast to the Young et al. criteria that all subjects carry a diagnosis related to dissociation, Bottoms et al. reported that only 62% of their sample exhibited dissociation with 49% diagnosed as MPD. For the EAS, we relied on self-reports of the 543 respondents who answered "yes" to the question, "I was ritually abused in a satanic cult."

Table II. Percentage of EAS Respondents Who Report Ritual Abuse in a Satanic Cult (N = 543) Compared With Percentage of Patients Reporting Same Types of Abuse in (Y = Young et al., N = 37) and (B = Bottoms et al., N = 386)

Statements	%	Z-Stat	P-value
EAS: Sexual abuse by multiple perpetrators	95%		
Y: Sexual abuse	100%	1.44	0.15
B: Forced sex	75%	8.6	<0.0001*
EAS: Receiving physical abuse from perpetrators	96%		
Witnessing physical abuse on other victims	93%**		
Y: Witnessing and receiving physical abuse/torture	100%	1.66	0.10
B: Human torture	53%	–16	<0.0001*
EAS: Witnessing animal mutilation/killings	86%		
Y: Witnessing animal mutilation/killings	100%	2.42	0.02*
B: Animal sacrifice	57%	–10	<0.0001*
EAS: Threatened with death if I ever talked about abuse	93%		
Y: Death threats	100%	1.64	0.10
EAS: Forced drugging	92%		
Y: Forced drug usage	97%	1.13	0.26
B: Drugs	44%	–17	<0.0001*
EAS: Witnessing murder by perpetrators	82%		
Forced participation in murder by perpetrators	74%**		
Y: Witnessing and forced participation in human adult and infant sacrifice	83%	.28	0.78
B: Human sacrifice	53%	–9.5	<0.0001*
EAS: Forced cannibalism	71%		
Y: Forced cannibalism	81%	1.3	0.20
B: Cannibalism	29%	–13	<0.0001*
EAS: "Marriage" to Satan	67%		
Y: Marriage to Satan	78%	.45	0.65
EAS: Buried alive	73%		
Y: Buried alive in coffins or graves	72%	.05	0.96
EAS: Forced impregnation	56%		
My own child murdered by perpetrators	38%**		
Y: Forced impregnation and sacrifice of own child	60%	.21	0.84
B: Baby breeding	24%	–10	<0.0001*

*$p \leq .05$ is considered significant
** Not compared

Regarding research question #3, Table III clearly shows that except for one variable there are no significant differences between the percentages of EAS respondents who report possible aftereffects of abuse in a satanic cult and the percentages of patients reporting similar types of sequelae in the Young et al. study. In developing two questions to measure the sequelae that Young et al. refer to as "sexualizations of sadistic impulses" it is possible that we did not accurately reflect what the previous researchers meant by this symptom. If so, this could account for the difference in response rates on this item.

Table III. Comparison of Sequelae of Satanic Ritual Abuse As Reported by (Y = Young et al. N = 37) With Possible Aftereffects of EAS Respondents Who Report Satanic Ritual Abuse (N = 543)

Statements	%	Z-Stat	P-value
EAS: Posttraumatic stress disorder	94%		
Y: Severe posttraumatic stress disorder	100%	1.44	.15
EAS: Dissociative flashbacks with satanic themes	96%		
Y: Dissociative states with satanic overtones	100%	1.19	.23
EAS: Survivor guilt	87%		
Y: Survivor guilt	97%	1.89	.06
EAS: Beliefs indoctrinated by perpetrators	89%		
Y: Indoctrinated beliefs	94%	1.13	.26
EAS: Unusual fears	92%		
Y: Unusual fears	91%	.08	.94
EAS: Infliction of sexual pain on others	23%**		
Infliction of sexual pain on self	55%		
Y: Sexualizations of sadistic impulses	86%	7.34	0.0001*
EAS: Self-mutilating behaviors	62%		
Y: Bizarre self-abuse	83%	.22	0.82
EAS: Substance abuse	49%		
Y: Substance abuse	62%	.36	0.72

*$p \leq .05$ is considered significant
**Not compared

Discussion

The instrument used in this study was developed *for* survivors. We believe it appropriate to discuss salient findings of this project from co-author Carol Rutz's perspective as a survivor who understands first-hand the importance of "breaking the silence." Below we include excerpts from her speech, "The World Will Know," to a group of fellow survivors and their advocates at the "Tenth Annual Ritual Abuse, Secretive Organizations and Mind Control Conference" (Rutz, 2007).

> Let me assure all of you that I understand how dry and meaningless statistics can be if they are devoid of humanity. I hope you will find my presentation full of the human spirit that allowed us all to survive and brought us together today. As a ritual abuse and mind control survivor, I was thrilled to join my esteemed colleagues and enlist fellow survivors' participation in the first ever "International Survey For Adult Survivors of Extreme Abuse." In an effort to show the world how large our numbers are, 1471 survivors from more than 30 countries responded. They chose to make their voices count, thereby lending credence to the reality of what they have truly endured.
>
> Over the course of the last six years, I have become a public advocate for these silent masses. Being able to provide validation and voice to this population is one of the greatest gifts I will ever be given. For example, male survivors I have communicated with feel very alone. Our statistics prove otherwise. Approximately 18% of the respondents are males; 1% are transgendered.
>
> If survey results generalize to all survivors of extreme abuse, we are a highly-educated population with approximately 32% reporting some college; 58% reporting a college or graduate degree. It seems that the still small voice within each of us, which our perpetrators tried to silence, sought solace in knowledge. Not surprising, as knowledge leads to power and that is something that all survivors had taken from them.
>
> In announcing the survey I stated:
>
> > Thousands of persons who survived Ritual Abuse and/or Mind Control and as a result may have developed DID[30] have been ignored too long and further injured by their inability to find quality mental health providers who will recognize and treat them. The survey is your opportunity to prove that Ritual Abuse, Mind Control and Government Experimentation are not "Urban Legends," fantasy or implanted memories. We can show a skeptical public

30 65% of 1007 survey respondents who answered the related question reported a diagnosis of DID.

> that our numbers are beyond their wildest imaginations and that regardless of their belief or non-belief we need recognition and respect for having survived the most atrocious events known to humankind, hidden behind a mask of secrecy and disbelief. We also hope to make others more aware of the existence of RA/MC, the after-effects of extreme child abuse, and the resiliency of the human spirit. Your voice will not be silenced or altered by anyone who has tried to discredit your experiences.

Breaking the silence imposed by their perpetrators is likely one of the most difficult things for an extreme abuse survivor to do. In a speech to therapists, Hammond (1992) noted that handlers want to make sure that victims don't consciously remember their programming and will make suggestions of amnesia and self-destruction to them such as, "If you ever remember anything... you will go crazy. You will become a vegetable and be locked up forever... and it will be easier to just kill yourself than have that happen to you, if you ever remember it."

Consistent with Hammond's clinical observations, 57% of 997 who answered the related question said that they had self-destruct programming installed in the event they began to remember their programming. Seventy-seven percent of 1159 had been threatened with death if they even talked about the abuse.

This anonymous survey proved to be a safe way for survivors to be heard and believed. What a testimony to the human spirit that these individuals could step forward and break those bonds.

Another difficult aspect for extreme abuse survivors to process involves memories of murder. Their suffering is so real and raw, especially when faced with any of the following situations reported by survey respondents.[31]

	N	%"Yes"
Forced participation in murder by perpetrators	1095	46%
Forced to murder (or made to think I had murdered) a baby	1111	50%
Forced to participate in animal mutilations/killings	1110	53%
Witnessing murder by perpetrators	1102	54%
My own child murdered by perpetrators	1088	24%

31 First number indicates number of participants who answered the question; second number is percentage who answered, "Yes."

A recurrent theme in private emails to me was participants' amazement at seeing the types of abuse/violence/tortures they had been subjected to as questions on the survey. Having no idea they shared commonalities with hundreds of others, many had believed for years that their experiences were unique. They had kept silent, fearing no one would believe them because of the nature of the horror they had endured.

In analyzing reports of survivors' memories, I joined the "Shocked and Awe" group above. I had believed I was the only survivor who had watched a person be flayed until I noted that 32% of 964 survivors who answered that question indicated they had witnessed the same thing. That's 307 people who will have this image burned into their brains for the rest of their lives.

Imagine for a moment that you are among the following groups of respondents who had endured only one of the horrors listed below, let alone the gamut of them.

	N	%"Yes"
Sexual abuse by multiple perpetrators	1125	79%
Being caged	1121	53%
Starvation	1098	48%
Forced cannibalism	1109	44%
Bestiality	1122	52%
Buried alive	1118	45%
Electroshock	1119	50%
Sensory deprivation	1099	61%
Sleep deprivation	1118	69%
Incest	1122	70%
Child pornography	1106	52%
Child prostitution	1094	46%

Now imagine that no one believes you. This is what it feels like to be an extreme abuse survivor.

One survivor wrote, "Thank you for conducting the ritual abuse and mind control study. You made me cry with your kind words at the top. Nobody wants to hear about it but silence is not helping the children who still suffer." In her article "Human Rights Alert: Ritual Torture," Stone (2007) echoes that sentiment: "It's hard to talk about something this horrific, but we need to look at it together for the love of humanity."

Caring professionals, including therapists, physicians, clergy, etc. who have worked with survivors, not only disseminated our announcement, but some also used the survey as a healing tool. A participant wrote, "I had

to have help from my counselor to answer some of these questions, but I wanted a voice in this. It's good to know you are not alone."

Seventy-five percent of 994 respondents reported having a spiritual belief system. I find that remarkable after what they have endured, especially when one considers that 46% of 960 survivors reported that at least one spiritual leader was involved in their RA/MC abuse. Listed below are response rates regarding other spiritually-related memories.

	N	%"Yes"
Ritually abused in a satanic cult.	986	55%
Ritually abused in a Gnostic-occult group.	969	14%
Ritually abused in a witchcraft cult.	971	23%
Ritually abused in voodooism.	966	07%
Had memories of ritual abuse before seeking therapy/counseling.	977	48%
Perpetrators had on at least one occasion made them believe that external entities/spirits/ demons had taken over their bodies.	996	53%
Had at least one demon alter.	957	40%

Regarding spiritual issues, a pastoral counselor wrote,

> I very much appreciate your collective efforts to document the RA/MC issues. I have worked with hundreds of such survivors in the US, Canada and abroad since the late 80's. Our ministry focus is on helping them get well. Their abuse often seems to deliberately connect them to the realm of 'cosmic evil' which is a concept that some professional organizations do not acknowledge or understand but that our experience abundantly documents is critical to complete healing." (T. Hawkins, personal communication, May, 2007)

Participants were given an opportunity to evaluate healing methods often associated with the concept of "cosmic evil." The first number represents those who had tried each method. The second number is the percentage who found it of some to great help.

	N	%"Yes"
Deliverance	298	57%
Exorcism	199	36%

Personal prayer/meditation	766	83%
Spiritual guidance/counseling	605	71%
Theophostic prayer	207	56%

Besides spiritual healing, survivors found other helpful therapeutic tools. Individual psychotherapy/counseling topped the list with 75% of those who had been to therapy considering it from much help to great help. Other methods garnering over 50% in the much and great help categories combined were supportive friends, creative writing, personal prayer/meditation, journaling, art therapy, drawing, painting, abreactive work, grounding techniques, self-care/self-soothing techniques, formal deprogramming, and spiritual guidance/counseling.

The authors are aware of no previous studies pertaining to the victims of government-sponsored mind control experiments. Because of the ever increasing number of survivors coming forward alleging this type of abuse, we felt it relevant to statistically analyze this aspect. Twenty-six percent of 1000 respondents who answered the related question reported that secret government-sponsored mind control experiments were performed on them as children. Further analysis indicates that 69% of 257 respondents who said they had been used in government-sponsored mind control experiments also answered that they had been ritually abused in a satanic cult. This lends credence to the theory that during the Cold War, the mind control doctors went to the satanic cults to find already dissociative children for their experiments.

The National Security Archive (2005) posted documentation revealing extensive relationships between former Nazi war criminals and American intelligence organizations including the CIA. Many survivors have alleged some of these same war criminals, using aliases, were complicit in their extreme abuse. From the survey sample, ten percent of 965 respondents reported that one of their perpetrators went by the name, Dr. Black; five percent of 962 reported a Dr. Swartz (Black in German); seven percent of 961 reported a Father Joseph; and six percent of 959 reported a Vaterchen (Father in German). These four aliases are names many survivors have independently reported to me as names that were used in their presence by Josef Mengele, the "Angel of Death," the infamous Nazi-doctor who performed horrific experiments on the prisoners at Auschwitz.

One mind control survivor who took the survey wrote,

> Continue your good and valuable work. I was a 'gifted' child left unable to cope with life, struggling to survive on

> SSDI that the government did not want to pay me. They shattered our minds and left us to pick up the pieces.

Another wrote,

> Thank you for this opportunity to stand and be counted. I finally connected with a psychiatrist who believes. I have hope. I am telling the truth. I approached the psych community because I already "knew" that I had been a human guinea pig for the U.S. Government courtesy of my father. The truth must be told, documented, and published for the world to see. We continue to suffer. There were cover stories for my absences, lies perpetrated to discredit me that I would not be a "reliable" witness. I know the truth. The world needs to know. I am a 51- year-old female and at this time I feel I have nothing to lose. Anything that I had, I lost through my demeaning process through the Social Security Disability Insurance approval process. I thank "God?" that I am still alive that I may live to see some sort of vindication. I dream of admission, apology, just compensation from the U.S. Government for the atrocities perpetrated on their own civilians: children!

Not only do survivors have to live through their abuse, but they are also likely to face years of severe aftereffects. Fifty-seven percent of 979 who responded to the related question are currently in psychotherapy/counseling for help with RA/MC issues. Respondents reported the following problems as possible aftereffects of the extreme abuse they experienced.

	N	%"Yes"
Sleep problems	1118	90%
Posttraumatic stress disorder	1114	89%
Survivor guilt	1102	73%
Substance abuse	1084	48%
Self-mutilating behaviors	1095	65%
Dissociative flashbacks with satanic themes	1085	68%
Eating disorders	1105	70%

Survivors seeking help for their injuries are further penalized by many insurance carriers. Mental health reimbursement is commonly only 50%

of costs incurred. Because it is highly misunderstood by the lay person, dissociative identity disorder carries a myriad of problems, not the least of which is the diagnostic label. With 65% of 1007 respondents reporting DID, it is not difficult to understand how costly treatment can be as answers by 1448 respondents to the section "time spent in talk therapy" illustrate:

None	20%
Less than a year	09%
1–4 years	21%
5–9 years	21%
10–19 years	22%
20–29 years	05%
30+ years	01%

Many ritual abuse and mind control survivors are still walking through their nightmares and memories, left impotent to understand or deal with them alone. As they are given the liberation to tell and be believed, they will lose the fear they have been trapped in as evidenced by the words of these three persons who took the survey:

"I was a little afraid I would get triggered but I didn't which is good. What I learned is that I had a lot of abuse in my life and I am still here to talk about it."

"Thank you for your courage in 'coming out' and in developing this survey. Although it was mildly triggering, it was much more validating than triggering in the end."

"All people who have been sexually abused should never be made to feel mentally ill."

The results of this survey will challenge many to step out of their comfort zones and change their worldviews. For those still in doubt I ask, How can we envision the future without visiting the past? Will we allow these heinous types of abuse to lie in the shadows, or do we have the courage to bring them into the light and face them?

I will continue to encourage survivors to find and use their voices. I believe it is our road to freedom. It liberates, invigorates and is the means to regain our personal power. —Carol Rutz, August 2007

Conclusion

Where are the data? Skeptics who question the reality of ritual abuse and mind control have been asking this question for more than 20 years. Thanks to the efforts of 1471 survivors from around the world who

punched their stories into the World Wide Web, we now have an enormous amount of data to hold out to that group of clinicians (and other skeptics) who believe that patients' reports of "seemingly bizarre abuse experiences such as involvement in organized occultist 'ritual' abuse and covert government-sponsored mind control experiments" can be explained "as contagion, unconscious defensive elaborations, false memory, delusion, or deliberate confabulation" (International Society for the Study of Dissociation (2005).

True to our mission to provide voice, validation, and visibility for survivors of extreme abuse, we encourage survivors to examine the survey responses to compare with their own experiences; we encourage mental health clinicians to use our findings in ways that will help their survivor clients overcome the aftereffects of torture; we encourage interested social science researchers to analyze our raw data for significant findings and to use it for comparisons with other research. Hopefully, responsible journalists will disseminate what survivors *en masse* have reported about these horrible crimes committed against them.

By presenting and publishing our results in a field of controversy; by exposing our findings about ritual abuse and its interplay with traumatic mind control, child pornography, clergy abuse, sex trafficking, and other forms of torture to a global community, we trust that the atrocities reported by survey participants will not only be validating to individual survivors but will also become socially validated reality.

In closing, we share some comments made by one of the 95 professionals who work with survivors of extreme abuse who reported on the EAS that they, themselves, are survivors of ritual abuse and mind control. This woman, a highly-respected researcher and clinical psychologist, wrote:

> Tortured by the silence and self-hatred and trying to find some redeeming value in your own life after having your life threatened every moment creates an indefinable terror. Being buried alive with bugs or dead animals and later being rescued by the same torturer who is now your savior. Being brainwashed that you are one of them because you have had to kill an animal to save yourself or a sibling. Wrapped in paper and buried alive to later be thrown in a pond so that you can demonstrate how much you want to live. And, being raped and then forced to deliver and bury your own child when you are but a child is impossible to process. Repeated medical tests and intrusive treatments

that the professionals can document but not explain contribute to a complete and utter hopelessness.

Who do you trust and what is real? Then, someone writes about and asks about those same experiences that haunt your life. All those ghosts that have terrorized your life and prevented a connection with another human being are suddenly documented in a survey. To learn that there are others with the same existence is bittersweet. It's something that you've never wished on anyone else, but are relieved to learn that the insanity is not just in your mind.

Unfortunately, the greater the numbers of strangers who have lived this tortured existence, the more validity there is that this atrocity occurs. This, the world needs to know.

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Appendix

Preliminary Results

International Survey for Adult Survivors of Extreme Abuse (EAS)©
(Online: January 1, 2007 – March 31, 2007)

This anonymous survey (in both English and German) was conducted privately by Carol Rutz, Thorsten Becker, Bettina Overkamp, Ph.D. and Wanda Karriker, Ph.D. to explore commonalities reported by survivors of Extreme Abuse (EA) including, but not limited to, Ritual Abuse (RA) and Mind Control (MC).

No widely accepted definitions appear in the academic or survivor literature for the terms "ritual abuse," "mind control," or "extreme abuse." The surveyors did not operationally define those terms for the EAS, rather they made the assumption that respondents would define the terms within their own frames of reference.

RA includes, but is not limited to, Satanic Ritual Abuse (SRA).

MC refers to all mind control procedures designed to make a victim follow directives of the programmer without conscious awareness including, but not limited to, government-sponsored mind control experiments (GMC).

RA/MC means Ritual Abuse and/or Mind Control.

The EAS was developed to gather preliminary descriptive data to obtain indications of the nature and extent of extreme abuse like that suffered by RA/MC survivors and to use its findings to give survivors voice, validation, and visibility. This document provides the following data:

Demographics for total sample and for countries/country groups.

Self-selected categories of extreme abuse across countries/country groups.

Frequencies of "Yes" responses for statements in Memories, Possible Aftereffects and Personal Experiences sections for the total sample, for the self-selected categories of abuse, for respondents who reported ritual abuse

in a satanic cult and for those who reported that secret government mind control experiments had been performed on them as children.

Ratings for the effectiveness of 53 healing methods by those who had used the method.

Rankings of healing methods reported to have been of much help or great help for those who had used the method.

The surveyors encourage—

Survivors to examine the survey responses to compare with their own experiences.

Mental health providers to use the findings in ways that will help their clients overcome the aftereffects of extreme abuse.

Social science researchers to analyze the raw data for significant findings and/or use it for comparisons with other research.

Journalists and other media persons to disseminate what survivors *en masse* have reported about their experiences of EA.

For further information about the survey and/or to apply for rights to use the raw data for social science research, contact the developers of the EAS at info-english@extreme-abuse-survey.net or info-deutsch@extreme-abuse-survey.net.

Preliminary Data

1471 participants from more than thirty countries answered at least one of the 248 questions on the extreme abuse survey (EAS).

Countries of Residence

United States (774)
Germany (273)
United Kingdom (92)
Canada (75)
Australia (38)
New Zealand (6)
Armenia (3)
Austria (8)
Belgium (1)
Bulgaria (1)
Switzerland (13)
Czech Republic (1)
Spain (2)
France (2)

Greece (5)
Ireland (1)
Italy (1)
Netherlands (8)
Norway (10)
Romania (1)
Sweden (4)
China (1)
Colombia (2)
Hong Kong (1)
India (3)
Israel (11)
Kyrgzstan (1)
Mexico (1)
Malaysia (1)
Saudi Arabia (1)
South Africa (6)
Unknown (124)

Respondents' declared countries were placed into eight groups:

	N	
1.	774	United States (US)
2.	273	Germany (DE)
3.	92	United Kingdom (UK)
4.	75	Canada (CA)
5.	44	Australia/New Zealand (AU/NZ)
6.	61	European other than DE and UK (Other EU) (Armenia, Austria, Belgium, Bulgaria, Switzerland, Czech Republic, Spain, France, Greece, Ireland, Italy, Netherlands, Norway, Romania, Sweden)
7.	28	Asia/Africa/S. America/Mexico (AS/AF/SA/ME) (China, Colombia, Hong Kong, India, Israel, Kyrgzstan, Mexico, Malaysia, Saudi Arabia, South Africa)
8.	124	Unknown Countries (Unknown)

Gender

	Total	Female		Male		Transgendered	
	N	n	%	n	%	n	%
US	752	644	86%	99	13%	9	01%
DE	271	201	74%	67	25%	3	01%
UK	91	80	88%	10	11%	1	01%
CA	74	62	84%	11	15%	1	01%
AU/NZ	43	37	86%	5	12%	1	02%
Other EU	56	34	61%	22	39%	0	00%
AS/AF/SA/ME	27	23	85%	4	15%	0	00%
Unknown	126	88	70%	36	29%	2	01%
All	1440	1169	81%	254	18%	17	01%

Current age

	Total	18–21		22–35		36–50		51–65		65+	
	N	n	%	n	%	n	%	n	%	n	%
US	763	14	02%	121	16%	313	41%	286	37%	29	04%
DE	272	46	17%	103	38%	103	38%	18	07%	2	01%
UK	91	6	07%	32	35%	31	34%	20	22%	2	02%
CA	73	2	03%	7	10%	30	41%	31	42%	3	04%
AU/NZ	43	1	02%	10	23%	16	37%	16	37%	0	00%
Other EU	57	6	11%	16	28%	32	56%	3	05%	0	00%
AS/AF/SA/ME	27	2	07%	12	44%	8	30%	3	11%	2	07%
Unknown	125	21	17%	32	26%	48	38%	24	19%	0	00%
All	1451	98	07%	333	23%	581	40%	401	28%	38	03%

Years spent in "talk" therapy/counseling for extreme abuse issues

	Total	None		Less than one		1–4	
	N	n	%	n	%	n	%
US	761	116	15%	64	08%	135	18%
DE	272	86	32%	30	11%	72	26%
UK	90	14	16%	9	10%	29	32%
CA	74	11	15%	3	04%	12	16%
Au/NZ	43	6	14%	6	14%	8	19%
Other EU	56	14	25%	6	11%	16	29%
AS/AF/SA/MEX	26	8	31%	3	12%	4	15%
Unknown	126	41	33%	9	07%	33	26%
All	1448	296	20%	130	09%	309	21%

Years spent in "talk" therapy/counseling for extreme abuse issues (con't)

	5–9		10–19		20–29		30+	
	n	%	n	%	n	%	n	%
US	157	21%	221	29%	55	07%	13	02%
DE	59	22%	18	07%	5	02%	2	01%
UK	22	24%	15	17%	0	00%	1	01%
CA	13	18%	24	32%	8	11%	3	04%
Au/NZ	17	40%	4	09%	2	05%	0	00%
Other EU	13	23%	5	09%	2	04%	0	00%
AS/AF/SA/MEX	5	19%	4	15%	1	04%	1	04%
Unknown	19	15%	23	18%	1	01%	0	00%
All	305	21%	314	22%	74	04%	20	01%

Current employment

	Total	Disabled		Unemployed By Choice		Part-time Public		Full-time Public		Self-Employed	
	N	n	%	n	%	n	%	n	%	n	8%
US	755	221	29%	98	13%	64	08%	233	31%	139	18%
DE	252	68	27%	26	10%	43	17%	76	30%	39	15%
UK	87	39	45%	9	10%	7	8%	19	22%	13	15%
CA	74	29	39%	6	8%	9	12%	10	14%	20	27%
AU/NZ	43	15	35%	8	19%	10	23%	6	14%	4	09%
Other EU	55	22	40%	2	04%	6	11%	9	16%	16	29%
AS/AF/SA/ME	26	5	19%	2	08%	0	00%	10	38%	9	35%
Unknown	121	25	21%	20	17%	15	12%	35	29%	26	21%
All	1413	424	30%	171	12%	154	11%	398	28%	266	19%

Formal Education

	Total	College		College		Degree		Degree		(German Only) Finished Educ	
	N	n	%	n	%	n	%	n	%	n	%
US	761	68	09%	256	34%	226	30%	211	28%		
DE	265	45	17%	78	29%	84	32%	58	22%	7	03%
UK	90	20	22%	28	31%	14	16%	28	31%		
CA	74	11	15%	22	30%	19	26%	22	30%		
AU/NZ	43	8	19%	16	37%	7	16%	12	28%		
Other EU	54	6	11%	12	22%	11	20%	25	46%		
AS/AF/SA/ME	27	2	07%	8	30%	8	30%	9	33%		
Unknown	121	3	11%	38	31%	47	39%	23	19%	4	03%
All	1446	173	12%	458	32%	416	29%	388	27%	11	01%

Self-selected category of extreme abuse that best describes respondent's experiences

	Total	RA		MC		RA and MC		Other EA	
	N	n	%	n	%	n	%	n	%
US	582	110	19%	37	06%	340	58%	95	17%
DE	138	25	18%	6	04%	40	29%	67	49%
UK	62	17	27%	4	07%	33	53%	8	13%
CA	56	10	18%	8	14%	29	52%	9	16%
AU/NZ	38	10	26%	2	06%	21	55%	5	13%
Other EU	36	6	17%	4	11%	15	42%	11	30%
AS/AF/SA/ME	15	1	07%	3	20%	7	47%	4	27%
Unknown	60	12	20%	5	08%	28	47%	15	25%
All	987	191	19%	69	07%	513	52%	214	22%

For

Part 1: Memories
Part 2: Possible Aftereffects
Part 3: Personal Experiences

respondents were given the opportunity to answer each question either

1. N/A if the meaning was unclear or not applicable
2. Yes
3. Don't know
4. Know

Numbers and frequencies of "Yes" responses for Parts 1, 2, 3 are listed below:

N	Total who responded to the question
% N	% N who responded "Yes"
n	Number who responded "Yes" to the question
RA	% n who self-selected RA as primary category of abuse
MC	% n who self-selected MC as primary category of abuse
RA&MC	% n who self-selected RA and MC as primary category of abuse
EA	% n who self-selected Other EA as primary category of abuse
NR	% n who did not self-select a primary category of abuse
SRA	% n who reported that they were ritually abused in a satanic cult
GMC	% n who reported that secret government mind control experiments were performed on them as children

Examples:

11% of 419 who reported "aversive hypnosis" as a memory chose RA as their primary category of abuse.

69% of 99 who reported "radiation exposure" reported that secret government mind control experiments were performed on them as children.

PART 1: My memories of extreme abuse include...

N	% N	n	RA	MC	RA&MC	EA	NR	SRA	GMC
1. Aversive hypnosis									
1119	37%	419	11%	06%	68%	06%	09%	68%	41%
2. Being caged									
1121	53%	599	17%	03%	62%	09%	10%	67%	32%
3. Being threatened with death if I ever talked about the abuse									
1159	77%	894	18%	03%	52%	14%	12%	57%	26%
4. Bestiality									
1122	52%	584	19%	02%	58%	11%	11%	68%	29%
5. Blinding lights									
1112	53%	591	14%	04%	63%	08%	11%	66%	36%
6. Bondage									
1125	67%	752	19%	02%	56%	13%	10%	63%	29%
7. Brain implants									
1100	11%	117	04%	12%	68%	06%	10%	62%	61%
8. Brain stimulation									
1124	36%	403	08%	08%	69%	05%	10%	64%	49%
9. Buried alive									
1118	45%	508	20%	01%	67%	04%	08%	78%	33%
10. Dislocation of limbs									
1104	26%	283	12%	03%	67%	09%	09%	71%	40%
11. Electronic harassment									
1127	41%	460	12%	08%	60%	10%	12%	60%	35%
12. Electroshock									
1119	50%	558	15%	04%	66%	07%	08%	69%	39%
13. Eugenics experiments									
1091	08%	90	02%	03%	78%	07%	10%	73%	71%
14. Experiments with dolphins									
1091	03%	32	03%	00%	81%	03%	13%	75%	75%
15. Experiments with non-human primates									
1090	10%	114	06%	01%	75%	11%	07%	77%	58%
16. Forced abortion									
1096	36%	395	18%	01%	61%	10%	10%	68%	30%
17. Forced cannibalism									
1109	44%	484	18%	00%	70%	05%	07%	80%	35%

18. Forced drugging									
1121	71%	791	18%	03%	58%	11%	11%	63%	30%
19. Forced impregnation									
1108	38%	416	18%	00%	62%	08%	11%	73%	32%
20. Forced participation in murder by perpetrators									
1095	46%	502	19%	01%	68%	05%	08%	80%	35%
21. Forced to abuse other victims									
1113	55%	615	20%	02%	61%	09%	09%	70%	30%
22. Forced to murder (or made to think I had murdered) a baby									
1111	50%	560	21%	01%	65%	05%	08%	78%	32%
23. Forced to participate in animal mutilations/killings									
1110	53%	584	22%	01%	61%	07%	09%	73%	30%
24. Incest									
1122	70%	780	19%	01%	54%	15%	11%	58%	27%
25. Injection of painful eye drops									
1094	19%	207	10%	04%	65%	09%	13%	66%	43%
26. "Marriage" to Satan									
1100	38%	419	19%	00%	69%	03%	08%	86%	32%
27. Microwave abuse									
1094	10%	112	03%	20%	54%	09%	14%	44%	48%
28. My own child murdered by my perpetrator									
1088	24%	264	20%	00%	67%	04%	09%	79%	33%
29. Near drowning experience caused by perpetrators									
1109	51%	565	17%	02%	61%	11%	09%	67%	33%
30. Non-lethal weapons abuse									
1101	50%	545	16%	04%	55%	15%	10%	59%	27%
31. Pornography (adult)									
1093	36%	396	16%	03%	56%	13%	12%	62%	28%
32. Pornography (child)									
1106	52%	578	17%	01%	62%	11%	10%	66%	32%
33. Prostitution (adult)									
1068	24%	261	14%	03%	62%	10%	11%	69%	35%
34. Prostitution (child)									
1094	46%	500	17%	01%	63%	10%	09%	69%	34%
35. Psychic driving									
1093	26%	287	04%	08%	56%	16%	16%	50%	40%
36. Radiation exposure									
1090	09%	99	00%	11%	72%	09%	08%	56%	69%
37. Receiving physical abuse from perpetrators									
1129	86%	966	17%	04%	50%	17%	11%	54%	26%
38. Sensory deprivation									
1099	61%	670	15%	04%	62%	10%	09%	62%	33%
39. Sexual abuse by multiple perpetrators									
1125	79%	890	19%	03%	53%	14%	11%	58%	27%
40. Sleep deprivation									
1118	69%	771	15%	05%	57%	12%	11%	57%	29%
41.Spinning									
1094	45%	491	13%	03%	68%	06%	09%	71%	39%

42. Starvation
1098 48% 532 15% 03% 60% 11% 11% 64% 33%
43. Straight-jacketed
1087 25% 267 12% 03% 67% 07% 11% 69% 43%
44. UFO abduction
1074 06% 60 03% 05% 77% 07% 08% 73% 65%
45. Use of blood in abuse
1106 63% 693 21% 01% 62% 07% 09% 71% 29%
46. Use of feces in abuse
1106 55% 603 19% 01% 61% 10% 08% 70% 31%
47. Witnessing murder by perpetrators
1102 54% 590 19% 01% 65% 07% 08% 75% 33%
48. Witnessing animal mutilations/killings
1105 62% 684 20% 01% 60% 10% 09% 70% 31%
49. Witness physical by perpetrators on other victims
1113 72% 804 19% 02% 55% 13% 10% 63% 28%
50. Other abuse(s)
1114 79% 879 16% 04% 51% 17% 12% 55% 26%

PART 2: Some of the possible aftereffects of extreme abuse that I have experienced are...

1. Art productions with abuse/torture themes
1064 52% 554 19% 03% 53% 15% 09% 59% 29%
2. Auto-immune disorders
1079 42% 457 17% 04% 54% 17% 09% 57% 30%
3. Beliefs indoctrinated by perpetrator(s)
1099 77% 848 18% 05% 54% 14% 10% 57% 26%
4. Cancer
1056 08% 83 19% 04% 54% 16% 07% 65% 30%
5. Dealing with programs installed by perpetrator(s)
1090 70% 766 16% 05% 61% 10% 09% 63% 31%
6. Dissociative flashbacks with satanic themes
1085 68% 739 20% 02% 61% 08% 09% 71% 28%
7. Eating disorder
1105 70% 775 17% 04% 50% 18% 11% 54% 24%
8. Fibromyalgia
1069 27% 287 17% 02% 58% 15% 8% 64% 33%
9. Foreign objects in body
1076 28% 306 12% 05% 58% 14% 11% 64% 34%
10. Hospitalization in a psychiatric unit
1093 54% 592 17% 04% 51% 17% 11% 53% 23%
11. Infertility
1070 16% 172 15% 05% 51% 19% 11% 52% 27%
12. Infliction of sexual pain on others
1068 19% 204 17% 02% 56% 15% 10% 62% 27%
13. Infliction of sexual pain on self
1076 48% 520 20% 03% 51% 16% 11% 57% 23%

14. Migraine headaches
1093 62% 676 20% 04% 48% 17% 11% 55% 24%
15. Multiple sclerosis
1054 2% 20 05% 05% 80% 05% 05% 65% 30%
16. Mysterious ailments for which a diagnosis cannot be made
1086 60% 651 17% 05% 50% 17% 11% 54% 24%
17. Painful body memories
1101 87% 954 18% 04% 50% 18% 10% 55% 25%
18. Posttraumatic stress disorder
1114 89% 986 18% 05% 48% 18% 11% 52% 24%
19. Seizures with no organic basis
1074 25% 273 15% 05% 48% 21% 11% 47% 24%
20. Self-mutilating behaviors
1095 65% 715 19% 03% 49% 18% 12% 52% 22%
21. Sexually-transmitted disease(s)
1068 21% 228 14% 04% 58% 14% 10% 59% 32%
22. Sexual urges triggered by feelings of threat, fear, shame, guilt, etc
1085 65% 701 20% 04% 51% 16% 10% 55% 25%
23. Sleep problems
1118 90% 1001 17% 5% 48% 18% 12% 51% 23%
24. Soft, brittle teeth
1087 37% 404 14% 6% 54% 17% 9% 56% 25%
25. Substance abuse
1084 48% 522 15% 5% 50% 19% 11% 51% 24%
26. Suicidal thoughts around special holidays, birthdays, etc.
1097 71% 778 18% 3% 52% 15% 11% 56% 25%
27. Suicidal thoughts immediately before traumatic memories surface
1089 68% 737 19% 3% 53% 15% 10% 58% 25%
28. Survivor guilt
1102 73% 806 19% 3% 53% 15% 11% 58% 26%
29. Thyroid problems
1082 30% 320 17% 4% 51% 18% 10% 57% 27%
30. Unexplained bruises and wounds
1088 59% 637 17% 5% 54% 14% 10% 57% 28%
31. Unexplained external scarring
1072 45% 478 14% 4% 58% 15% 9% 60% 31%
32. Unexplained internal scarring
1064 33% 349 14% 3% 58% 15% 10% 62% 29%
33. Unusual fears
1110 85% 946 17% 4% 50% 18% 11% 53% 25%
34. Other possible aftereffects of Extreme Child Abuse
1088 76% 827 18% 3% 54% 16% 9% 58% 28%

PART 3: My personal experiences as a survivor of extreme abuse...

1. Secret government-sponsored mind control experiments were performed on me as a child.
1000 26% 257 03% 09% 82% 05% 02% 69% 100%

2. I have been diagnosed with DID (dissociative identity disorder/formerly multiple personality disorder).

1007 65% 655 22% 02% 60% 13% 04% 68% 30%

3. My perpetrator(s) deliberately created/programmed dissociative states of mind (such as alters, personalities, ego-states) in me.

1012 63% 640 16% 05% 69% 06% 04% 71% 36%

4. In my opinion, therapists/counselors/clergy should always take a neutral stance regarding the truth of survivors' memories.

1013 46% 464 16% 08% 48% 22% 07% 48% 23%

5. A therapist/counselor/clergy with whom I was in a professional relationship sexually exploited me.

1003 22% 217 16% 05% 58% 20% 02% 57% 29%

6. I am uncertain about the ideas, beliefs, and purpose of at least one group in which I was ritually abused.

994 47% 471 20% 04% 60% 11% 05% 63% 31%

7. I have heard Greek letters such as Alpha, Beta, Delta, Theta, Omega used in connection with my abuse.

1005 33% 334 11% 03% 77% 05% 07% 76% 48%

8. I was taken out of school to another location to be ritually abused and then returned to my school classroom.

989 24% 238 13% 03% 74% 07% 04% 76% 47%

9. I was taken out of school to another location for mind control programming, then returned to my school classroom.

988 21% 203 05% 06% 83% 03% 02% 75% 63%

10. I have experienced basic mind control programming in the control personality.

998 44% 435 09% 06% 73% 08% 04% 70% 39%

11. I have experienced sexual mind control programming that was used by a handler for blackmail or personal use.

1001 41% 415 10% 05% 71% 11% 03% 66% 39%

12. I have experienced mind control programming through which I was trained to become an assassin.

994 18% 175 05% 03% 86% 04% 02% 78% 73%

13. I have experienced mind control programming designed to develop psychic abilities such as "psychic killing."

989 21% 203 04% 05% 81% 05% 04% 73% 56%

14. I have experienced self-destruct programming installed in the event I began to remember the programming.

997 57% 565 14% 04% 72% 06% 04% 72% 37%

15. I have been given an assassination assignment by a mind control programmer.

988 12% 117 02% 01% 88% 05% 04% 87% 75%

16. I was ritually abused in a religious sect (a group made up of dissenters from an established form of faith such as a Christian sect).

993 39% 390 23% 02% 65% 08% 02% 76% 33%

17. I was ritually abused in a Fascist group (Neo-Nazi , KKK, White Supremacist or other group that considers itself the superior in race, creed, or origin).

988 22% 215 13% 03% 74% 05% 04% 73% 53%

18. Alternative healing methods have been more effective in helping me to heal than "talk therapy."

999 31% 308 18% 06% 52% 18% 06% 61% 34%

19. As a child, I told an authority figure that I was being abused in what I now know was RA/MC.
993 28% 278 20% 03% 64% 09% 04% 68% 31%
20. was abused by at least one Catholic priest in connection with specific satanic rituals.
992 14% 139 19% 01% 71% 05% 04% 83% 42%
21. I was abused by at least one non-Catholic clergyperson in connection with specific satanic rituals.
990 29% 287 20% 00% 72% 06% 02% 86% 41%
22. At least one of my perpetrators has been convicted of criminal abuse toward me.
992 07% 70 16% 03% 40% 34% 07% 50% 19%
23. Current access by RA/MC perpetrators involves harm to my physical/mental/spiritual well-being.
1002 34% 345 14% 09% 59% 14% 04% 55% 29%
24. Perpetrators have on at least one occasion made me believe that external entities/spirits/demons had taken over my body.
996 53% 530 18% 03% 66% 08% 05% 73% 29%
25. I had memories of government-sponsored mind control experimentation before I sought therapy/counseling.
989 18% 175 03% 12% 74% 07% 03% 62% 79%
26. I have sought help from the authorities regarding current abuse by RA/MC perpetrators.
997 19% 193 13% 11 56% 14% 06% 58% 29%
27. Authorities have investigated claims I have made against my RA/MC perpetrators regarding current abuse.
991 06% 64 14% 03% 59% 17% 06% 67% 28%
28. I have received helpful treatment in a hospital when treated for the aftereffects of RA/MC.
989 19% 188 18% 02% 63% 12% 05% 67% 26%
29. I remember being used in government-sponsored mind control experiments in the United States.
989 24% 234 02% 08% 84% 03% 03% 69% 85%
30. I remember being used in government-sponsored mind control experiments in Canada.
987 08% 83 01% 08% 81% 06% 04% 75% 88%
31. I remember being used in government-sponsored mind control experiments in a country other than the U.S or Canada.
979 14% 137 03% 07% 83% 04% 03% 69% 87%
32. At least one of my mind control programmers spoke German or with a heavy German accent.
977 28% 274 05% 05% 81% 05% 03% 72% 61%
33. At least one of my perpetrators went by an alias but I now know who he/she really was.
989 31% 303 14% 04% 70% 07% 04% 75% 41%
34. I work in a professional role (other than as a therapist/counselor/clergy) with other survivors of RA/MC.
978 07% 65 15% 08% 48% 25% 05% 52% 25%
35. I have visited places I thought I had never been before and matched the actual place to my drawings and/or memories.
982 41% 402 16% 04% 64% 13% 03% 64% 32%

36. I have heard other survivors, whom I had not previously met, describe the same perpetrators of my own abuse.
986 34% 337 15% 06% 65% 11% 03% 67% 40%
37. I have heard other survivors, whom I had not previously met, describe the same places where I was abused.
978 32% 312 16% 04% 70% 08% 02% 74% 44%
38. I was subjected to government-sponsored mind control experimentation before I was born.
975 07% 73 01% 07% 85% 03% 04% 77% 88%
39. I was subjected to government-sponsored mind control experimentation at birth through 2 years.
975 14% 139 01% 07% 87% 03% 02% 72% 86%
40. I was subjected to government-sponsored mind control experimentation at ages 3 through 6.
978 23% 226 02% 08% 85% 04% 02% 73% 88%
41. I was subjected to government-sponsored mind control experimentation at ages 7 through 13.
972 24% 234 01% 08% 84% 05% 02% 72% 89%
42.I was subjected to government-sponsored mind control experimentation at ages 14 through 17.
974 18% 173 01% 08% 84% 05% 02% 73% 88%
43. I was subjected to government-sponsored mind control experimentation at ages 18 through 30.
974 12% 116 00% 10% 82% 05% 03% 68% 83%
44. I was subjected to government-sponsored mind control experimentation at ages 31 or older.
972 09% 91 00% 20% 65% 10% 05% 44% 58%
45. I am currently being accessed/abused by RA/MC perpetrators against my will.
983 15% 147 08% 12% 62% 11% 07% 56% 35%
46. I was ritually abused in a satanic cult.
986 55% 543 23% 01% 68% 04% 04% 100% 33%
47. I was ritually abused in a Gnostic-occult group.
969 14% 133 11% 02% 78% 05% 05% 65% 53%
48. I was ritually abused in child pornography.
977 49% 474 18% 01% 69% 09% 03% 73% 35%
49. At least one group that abused me is national or international in scope.
980 46% 451 12% 06% 70% 08% 04% 67% 43%
50. I remember seeing perpetrators cloaked in black robes.
986 60% 591 23% 02% 66% 06% 03% 79% 32%
51. I remember seeing perpetrators cloaked in purple robes.
965 24% 236 15% 00% 77% 05% 03% 83% 39%
52. I remember seeing perpetrators cloaked in white robes.
960 36% 349 16% 03% 73% 04% 05% 78% 40%
53. I remember seeing perpetrators dressed in costumes.
972 45% 441 16% 02% 71% 07% 04% 78% 37%
54. I remember seeing perpetrators wearing white doctors' coats.
969 52% 506 12% 05% 71% 09% 03% 70% 43%
55. The surname of at least one of my perpetrators was the same as a color.
964 23% 224 09% 03% 79% 06% 04% 79% 53%

56. One of my perpetrators went by the name, "Dr. Black."
965 10% 100 06% 02% 82% 06% 04% 87% 60%
57. One of my perpetrators went by the name, "Dr Green."
963 13% 124 05% 02% 84% 06% 03% 85% 69%
58. One of my perpetrators went by the name, "Dr White."
964 09% 83 05% 02% 81% 07% 05% 83% 65%
59. One of my perpetrators went by the name, "Dr Swartz."
962 05% 47 04% 02% 83% 06% 04% 87% 72%
60. One of my perpetrators went by the name, "Father Joseph."
961 07% 68 10% 00% 79% 07% 03% 88% 50%
61. One of my perpetrators went by the name "Vaterchen."
959 06% 54 02% 04% 82% 11% 02% 74% 57%
62. I have watched a person be flayed."
964 32% 307 16% 00% 73% 07% 03% 80% 40%
63. I have attempted suicide one or more times.
980 62% 611 20% 04% 54% 19% 03% 58% 24%
64. I have been transported out of my local area for purposes of RA/MC.
967 48% 465 16% 04% 71% 07% 03% 74% 40%
65. I have been transported out of my native country for purposes of RA/MC.
965 18% 177 07% 03% 84% 02% 03% 77% 69%
66. As a child, I fantasized that I was being tortured by doctors.
968 25% 241 17% 05% 61% 15% 02% 63% 35%
67. I am able to speak and/or write in an unknown language and/or code.
969 28% 269 14% 02% 75% 06% 02% 77% 41%
68. I have been hospitalized because of the aftereffects of RA/MC.
971 43% 419 19% 04% 63% 10% 04% 68% 32%
69. My RA originated from my family of origin.
979 63% 612 23% 01% 63% 11% 03% 70% 32%
70. My MC originated from my family of origin.
956 43% 410 07% 04% 72% 12% 04% 66% 40%
71. At least one spiritual leader was involved in my RA/MC abuse.
960 46% 438 20% 02% 69% 07% 03% 73% 36%
72. One or more of my alters had access codes.
967 34% 332 13% 02% 79% 04% 03% 78% 48%
73. I have (or have had) at least one robot alter.
963 28% 270 10% 04% 73% 10% 02% 73% 50%
74. I have (or have had) at least one animal alter.
961 34% 325 13% 02% 74% 09% 02% 73% 42%
75. I have (or have had) at least one demon alter.
957 40% 379 18% 02% 71% 07% 02% 79% 34%
76. I had memories of incest before I sought therapy/counseling.
985 64% 629 20% 02% 57% 17% 03% 61% 27%
77. I had memories of ritual abuse before I sought therapy/counseling.
977 48% 467 22% 03% 61% 12% 03% 63% 30%
78. My programming included time-travel experiments.
958 15% 146 04% 08% 82% 05% 02% 70% 60%
79. I have been given a seduction assignment by a mind control programmer.
965 23% 219 08% 01% 83% 05% 03% 76% 54%

80. I have successfully sued my perpetrator(s) in civil court.
964 02% 16 25% 06% 25% 44% 00% 38% 13%
81. I have a spiritual belief system.
994 75% 745 19% 06% 56% 15% 04% 60% 28%
82. I participate in an organized religion.
982 43% 422 22% 05% 53% 15% 05% 64% 23%
83. I am currently in psychotherapy/counseling for help with RA/MC issues.
979 57% 562 22% 03% 58% 14% 03% 64% 26%
84. I am a therapist/counselor/clergy for RA/MC survivors.
964 10% 95 24% 04% 51% 16% 05% 62% 29%
85. I was subjected to RA/MC before I was born.
971 20% 190 14% 02% 77% 03% 04% 85% 48%
86. I was subjected to RA/MC at ages birth through 2 years.
970 50% 481 20% 02% 67% 07% 03% 75% 36%
87. I was subjected to RA/MC at ages 3 through 6.
982 70% 686 22% 03% 63% 09% 03% 71% 34%
88. I was subjected to RA/MC at ages 7 through 13.
982 69% 677 21% 04% 62% 10% 03% 68% 33%
89. I was subjected to RA/MC at ages 14 through 17.
976 51 494 17% 04% 66% 10% 03% 72% 36%
90. I was subjected to RA/MC at ages 18 through 30.
967 34% 333 15% 05% 68% 09% 03% 69% 38%
91. I was subjected to RA/MC at ages 31 or older.
980 21% 206 08% 11% 66% 11% 05% 61% 39%
92. I was ritually abused in a witchcraft cult.
971 23% 219 18% 00% 74% 05% 04% 90% 43%
93. I was ritually abused in voodooism.
966 07% 67 12% 00% 72% 07% 09% 85% 48%
94. A circumcision (as genital mutilation) was performed on me.
965 09% 82 15% 06% 59% 15% 06% 68% 34%

PART 4: Experiences with various healing methods for extreme abuse. (Respondents who had used the healing method rated it according to how helpful it had been in their healing)

	N	No help	Little help	Some help	Much help	Great help
1. Acupuncture	351	30%	13%	31%	14%	11%
2. Aromatherapy	441	22%	21%	37%	13%	07%
3. Chiropractic	492	20%	16%	32%	21%	12%
4. Homeopathy	421	21%	20%	30%	16%	13%
5. Massage Therapy	604	13%	14%	30%	24%	19%
6. Naturopathy	287	23%	15%	33%	18%	12%
7. Nutrition & Diet Therapy	498	13%	17%	30%	21%	18%
8. Occupational Therapy	300	32%	20%	27%	13%	08%
9. Osteopathy	183	45%	15%	19%	10%	11%
10. Physical Therapy	397	21%	20%	29%	20%	10%
11. Abreactive Work	441	14%	09%	22%	26%	29%

12. Art Therapy	648	06%	11%	26%	29%	28%
13. Biofeedback	242	41%	16%	19%	11%	12%
14. Clinical Hypnosis	353	31%	17%	20%	14%	18%
15. Confronting Abuser(s)	434	38%	20%	19%	12%	10%
16. Creative Writing	740	05%	07%	24%	28%	35%
17. Dance Therapy	315	24%	13%	25%	19%	19%
18. Deliverance	298	33%	11%	12%	16%	28%
19. Formal Deprogramming	244	30%	09%	11%	17%	34%
20. Drawing/Painting	744	06%	13%	25%	28%	28%
21. Drumming	274	27%	13%	24%	15%	20%
22. Electroshock Therapy	134	83%	07%	04%	01%	04%
23. EMDR	331	33%	16%	16%	15%	20%
24. Energy Therapies	298	27%	11%	14%	23%	26%
25. Exorcism	199	59%	05%	07%	07%	22%
26. Feldenkrais	146	51%	11%	19%	08%	12%
27. Grounding Techniques	593	10%	11%	27%	27%	26%
28. Group Psychotherapy	567	22%	18%	28%	21%	12%
29. Hospitalization	540	35%	19%	20%	15%	11%
30. Individual Psychotherapy/ Counseling	892	06%	05%	14%	24%	52%
31. Internet Support Group	600	12%	16%	25%	23%	25%
32. Journaling	830	06%	10%	24%	25%	36%
33. Left/Right Handwriting Techniques	470	18%	16%	26%	19%	21%
34. Local Survivor Support Group	419	22%	13%	24%	19%	23%
35. Music Therapy	422	13%	12%	26%	24%	26%
36. Neurofeedback	128	57%	09%	14%	05%	14%
37. Non-suicide Contract with Therapist	498	27%	12%	20%	21%	20%
38. Personal Prayer/Meditation	766	08%	10%	21%	21%	40%
39. Physical Exercise	753	08%	14%	30%	23%	25%
40. Psychodrama	297	34%	16%	18%	18%	13%
41. Psychotropic Medications	520	30%	15%	23%	19%	13%
42. Reading Survivor Stories	809	09%	17%	34%	23%	17%
43. Reiki	306	28%	17%	21%	17%	17%
44. Self-Care/Self-Soothing Techniques	739	06%	14%	27%	27%	26%
45. Spiritual Guidance/ Counseling	605	16%	13%	20%	19%	32%
46. Supportive Family Members	585	21%	13%	19%	19%	28%
47. Supportive Friends	845	05%	09%	19%	28%	38%
48. Survivor Conferences	405	16%	11%	26%	24%	22%
49. Swimming	456	20%	17%	26%	18%	18%
50. Theophostic Prayer	207	38%	06%	13%	13%	29%
51. Twelve-step Programs	362	37%	14%	19%	12%	19%
52. Yoga	338	26%	19%	21%	17%	17%
53. Other Method(s)	420	11%	08%	21%	18%	42%

Rankings of methods (by those who had used the method) reported to be of much help or of great help.

N	%	
892	75%	Individual Psychotherapy/Counseling
845	66%	Supportive Friends
740	64%	Creative Writing
766	62%	Personal Prayer/Meditation
830	61%	Journaling
420	60%	Other Methods
648	57%	Art Therapy
744	56%	Drawing/Painting
441	55%	Abreactive Work
593	53%	Grounding Techniques
739	53%	Self-Care/Self-Soothing Techniques
605	51%	Spiritual Guidance/Counseling
244	51%	Formal Deprogramming
422	49%	Music Therapy
298	48%	Energy Therapies
600	48%	Internet Support Group
753	48%	Physical Exercise
405	47%	Survivor Conferences
585	47%	Supportive Family Members
604	44%	Massage Therapy
298	44%	Deliverance
207	43%	Theophostic Prayer
419	42%	Local Survivor Support Group
498	41%	Non-suicide Contract with Therapist
498	40%	Nutrition and Diet Therapy
470	40%	Left/Right Handwriting Techniques
809	40%	Reading Survivor Stories
315	39%	Dance Therapy
456	37%	Swimming
274	36%	Drumming
331	35%	EMDR
338	34%	Yoga
306	34%	Reiki
567	33%	Group Psychotherapy
492	33%	Chiropractic
353	32%	Clinical Hypnosis

297	32%	Psychodrama
520	32%	Psychotropic Medications
362	31%	Twelve-step Programs
397	30%	Physical Therapy
287	30%	Naturopathy
421	29%	Homeopathy
199	29%	Exorcism
540	26%	Hospitalization
351	25%	Acupuncture
242	23%	Biofeedback
434	22%	Confronting Abusers
300	21%	Occupational Therapy
183	21%	Osteopathy
128	20%	Neurofeedback
146	20%	Feldenkrais
441	20%	Aromatherapy
134	05%	Electroshock Therapy

Chapter 4

Guidelines to Differential Diagnosis between Schizophrenia and Ritual Abuse/Mind Control Traumatic Stress

Ellen P. Lacter and Karl Lehman

Purpose of these Guidelines

The purpose of this chapter is threefold; 1) to identify the problem of misdiagnosis of Schizophrenia in adults with trauma-based disorders originating in ritual abuse and trauma-based mind control (we will refer to these hereon as Ritual abuse/mind control traumatic stress), 2) to provide diagnosticians unfamiliar with the clinical presentation of Ritual abuse/mind control traumatic stress with guidelines to facilitate recognition of such cases and to thereby reduce the likelihood of their being misdiagnosed as Schizophrenia, and 3) to provide diagnosticians experienced with Ritual abuse/mind control traumatic stress with guidelines to facilitate differential diagnosis between such trauma and schizophrenia in cases with complex clinical features and diagnostic questions.

Misdiagnosis results in harmful outcomes for ritual abuse and mind control victims in both the mental health and the legal arena. Harmful treatment decisions based on misdiagnosis include lack of provision of treatment for trauma, incorrect and excessive use of medications, sometimes with severe and irreversible side effects, reinforcement of victims' fears that they are hopelessly crazy and untreatable, long-term hospitalization, and involuntary hospital commitment. Harmful legal outcomes include incorrect findings of insanity, valid reports of abuse being viewed as delusional within law enforcement investigations and judicial proceedings, and forced conservatorship removing victims' basic freedoms.

In order to judge the veracity of victims' reports of these abuses, the clinician must have a basis for understanding what ritual abuse and trauma-based mind control programming are, that they do exist, the kinds of torture endured by victims of these abuses, and familiarity with the most common ritual symbols, artifacts, and holidays utilized by these abuser groups. A general overview of these now follows.

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The Existence of Ritual Abuse

The term *ritual abuse* is often used broadly to include any organized abusive practice that furthers the abuser group's ideology. However, the term is usually restricted to organized physical or sexual assault, often including homicide and severe psychological abuse, within the context of a spiritual practice or belief. Some definitions encompass any spiritual belief. But, most definitions use the term to refer to practices that involve physical and sexual abuse of children and adults, and human sacrifice to propitiate and empower malevolent deities, such as Satan, but also including many polytheistic gods and goddesses.

A substantial body of psychological literature supports that ritualistic abuse is a real phenomenon that must be correctly assessed and treated (Belitz & Schacht, 1992; Bernet & Chang, 1997; Bloom, 1994; Boat, 1991; Boyd, 1991; Brown, 1994; Clark, 1994; Clay, 1996; Coleman, 1994a, 1994b; Comstock, 1991; Comstock & Vickery; Cook, 1991; Coons, 1997; Crabtree, 1993; Cozolino, 1989, 1990; deMause, 1994; Driscoll & Wright, 1991; Edwards, 1991; Ehrensaft, 1992; Faller, 1994; Feldman, 1993; Fine, 1989; Finkelhor, Williams, & Burns, 1988; Fraser, 1990, 1991, 1993a, 1993b, 1997a, 1997b; Friesen, 1991, 1992, 1993; Gallagher, 2001; Golston, 1993; Gonzalez, Waterman, Kelly, McCord, & Oliveri, 1993; Goodman, Quas, Bottoms, Qin, Shaver, Orcutt, & Shapiro, 1997; Goodwin, 1993, 1994; Goodwin, Hill, & Attias, 1990; Gould, 1992, 1995; Gould & Cozolino, 1992; Gould & Graham-Costain, 1994; Gould & Neswald, 1992; Greaves, 1992; Groenendijk & van der Hart, 1995; Hammond, 1992; Harvey, 1993; Hill & Goodwin, 1989; Hornstein, 1991; Hudson, 1990, 1991; Ireland & Ireland, 1994; Johnson, 1994; Jones, 1991; Jonker & Jonker-Bakker, 1991, 1997; Katchen, 1992; Katchen & Sakheim, 1992; Kelley, 1989; King & Yorker, 1996; Kinscherff & Barnum, 1992; Kluft, 1988, 1989a,1989b, 1994, 1995; Lawrence, Cozolino, & Foy, 1995; Leavitt, 1994, 2000a, 2000b; Leavitt & Labott, 1998a, 1998b, 2000; Lockwood, 1993; Lloyd, 1992; Mandell & Schiff, 1993; Mangen, 1992; Mayer, 1991; McCulley, 1994; McFadyen, Hanks, & James, 1993; McFarland & Lockerbie, 1994; MacHovec, 1992; Moriarty, 1991, 1992; Neswald & Gould, 1993; Neswald, Gould, & Graham-Costain, 1991; Noblitt, 1995; Noblitt & Perskin, 2000; Nurcombe & Unutzer, 1991; Oksana, 1994, 2001; Paley, 1992; Pulling & Cawthorn,1989; Raschke, 1990; Rockwell, 1994, 1995; Rose, 1996; Ross, 1995; Ryder, 1992; Ryder and Noland, 1992; Sachs, 1990; Sakheim, 1996; Sakheim & Devine, 1992b; Scott, 2001; Sinason, 1994; Smith, C. 1998; Smith, M. 1993; Smith, M.R., 1992; Smith & Pazder, 1981; Snow & Sorenson, 1990; Stafford, 1993; Steele, H., 2003; Steele, K., 1989; Stratford, 1993; Summit, 1994; Tamarkin, 1994a,

1994b; Tate, 1991; Uherek, 1991; Valente, 1992, 2000; Van Benschoten, 1990; van der Hart, 1993; Vesper, 1991; Waterman, Kelly, Olivieri, McCord, 1993; Weir & Wheatcroft, 1995; Wong & McKeen, 1990; Woodsum, 1998; Young, 1992, 1993; Young, Sachs, Braun, & Watkins, 1991; Young & Young, 1997; Youngson, 1993.

The publishing arm of the American Psychiatric Association, the American Psychiatric Press, published a text in 1997 explaining the importance of correct assessment and treatment of victims of ritualistic abuse (*The Dilemma of Ritual Abuse: Cautions and Guides for Therapists*, edited by Fraser). One national survey of 2709 clinical psychologists found that 30% claimed to have seen at least one case of "ritualistic or religion-based abuse" and 93% of these psychologists believed the harm actually occurred (Goodman, Qin, Bottoms, & Shaver, 1994).

A review of the empirical evidence of ritual abuse is included in a book by Noblitt and Perskin (*Cult and Ritual Abuse*, 2000, Chapter 6). Noblitt and Perskin (2000) propose that "Cult and Ritual Trauma Disorder" be added as a new diagnosis to the American Psychiatric Association's Diagnostic and Statistical Manual (DSM). Inclusion of this diagnosis in the upcoming DSM would facilitate proper diagnosis and treatment of individuals with Ritual abuse/mind control traumatic stress, and would reduce misdiagnosis of these individuals as having Schizophrenia and other psychotic or delusional disorders.

Trauma-Based Mind Control Programming

Organizations with a wide range of political and criminal agendas have historically relied on coercive interrogation and brainwashing of various types to force submission and information from enemies and victims, and to indoctrinate and increase cooperation in members and captives. In modern times, these techniques are used by political/military/espionage organizations, race/ethnic hate-groups, criminal groups (e.g., child pornographers and sex rings, and international traffickers of women, children, guns, and drugs) and exploitative and destructive cults with spiritual or other agendas. Methods of "thought reform" used by such groups include intimidation, social isolation, religious indoctrination, threats against victims or their loved ones, torture, torture of co-captives, and brainwashing through social influence or deprivation of basic needs, such as sleep or food (see *Releasing the Bonds: Empowering People to Think for Themselves* (2000) by Steven Hassan).

Trauma-based mind control programming is a term generally used for thought reform that goes beyond the above-described overt torture, in-

timidation, and brainwashing of the conscious mind, to covert installation of information in the unconscious mind through sophisticated, often technological, Machiavellian means. Mental health and law enforcement professionals working with severe trauma are increasingly seeing victims of such torture (Boyd, 1991; Coleman, 1994b; Hersha, Hersha, Griffis, & Schwarz, 2001; Katchen & Sakheim, 1992; Keith, 1998; Marks, 1979; Neswald & Gould, 1993; Neswald et al., 1991; Noblitt & Perskin, 2000; Oksana, 2001; Ross, 2000; Rutz, 2001; Ryder, 1992; Sheflin & Opton, 1978; Smith, 1993; Weinstein, 1990), and evidence has begun to surface in the legal arena (e.g., Orlikow v. U.S., 682 F.S. 77 (D.D.C. 1988).

Trauma-based mind control programming can be defined as systematic torture that blocks the victim's capacity for conscious processing (through pain, terror, drugs, illusion, sensory deprivation, sensory over-stimulation, oxygen deprivation, cold, heat, spinning, brain stimulation, and often, near-death), and then employs suggestion and/or classical and operant conditioning (consistent with well-established behavioral modification principles) to implant thoughts, directives, and perceptions in the unconscious mind, often in newly-formed trauma-induced dissociated identities that force the victim to do, feel, think, or perceive things for the purposes of the programmer. The objective is for the victim to follow directives with no conscious awareness, including execution of acts in clear violation of the victim's volition, moral principles, and spiritual convictions.

One common function of trauma-based mind control programming is to cause the victim to physically and psychologically re-experience the torture used to install the programming should the victim consider violating its directives. The most common programs are unidimensional directives communicated during torture and impaired states of consciousness to, "Remember to forget" the abuse, and "Don't tell" about the abuse. Similar to this are pronouncements; claims, curses, covenants, etc., paired with abuse, that convince personalities they are controlled by evil entities, or forever malevolently defined as evil, physically or mentally ill, socially devalued and isolated, sexually enslaved, a murderer, a willing cult member, a coven member, etc.

Much trauma-based mind control programming is significantly more complex, more technological in its methods of installation, and utilizes the individual's dissociated identities (personalities) to effect greater layering of psychological effects. Personalities are usually programmed to take executive control of the body in response to particular cues (hand signals, tones, etc.), and then follow directives, with complete amnesia for these events. Personalities are programmed to become flooded with anxiety or feel acutely suicidal if they defy program directives. Personalities are often

programmed to believe that explosives have been surgically implanted in their bodies and that these will detonate if the individual violates orders or begins to recall the programming, the torture used to install it, or the identities of the programmers.

In highly sophisticated mind control, the individual is programmed to perceive inanimate structures in the unconscious inner landscape. "Structures" are mental representations of objects, e.g., buildings, grids, devices of torture, and other containers, that "hold" programmed commands, messages, information, and personalities. In many cases, walls are also installed that serve as barriers to hide deeper levels of programming and structures. Dissociated personalities perceive themselves as trapped within, or attached to, these structures, both visually (in internal imagery), and somatically (in experiences of pain, suffocation, electroshock, etc.).

Structures are mentally installed in early childhood, generally between two and five years of age. Torture, drugs, and even near death, are used in a variety of ways that make it extremely difficult for the child to mentally resist any of the programmer's input, and to ensure that memories of programming sessions remain dissociated. The child may be tortured on a device, and the personalities formed in this process then perceive themselves trapped on these devices. Or an image of an object may be projected on the child's body or on a screen, or in virtual reality goggles, or a physical model of the object is shown. The programmer then tells the child that this object is now within him or her. Because the child is in an altered, disoriented state, and because the mind of the small child does not easily discriminate reality and fantasy (this process relies on the preschool child's use of magical thinking), the child now perceives the object as a structure within. Then, a code is installed for the programmer to gain future access to the structure, to erase it, or to input new information.

Immediately after the structure is installed, the programmer will generally command traumatized personalities to go to places in the structures, e.g., "Go inside the grid." The programmer will generally also mentally install the perception of wires, bombs, and re-set buttons to prevent removal of the structure. The child is usually shown something to make him or her perceive these as real, e.g., a button on the belly-button.

Kinds of Torture Endured in Ritual Abuse and Trauma-Based Mind Control

Knowledge of the methods of torture used within ritual abuse and trauma-based mind control provides a basis for recognition of related trauma

disorders. Individuals subjected to these forms of torture may experience intense fear, phobic reactions, or physiological symptoms in response to associated stimuli. In some cases, the individual, or particular dissociated identities, experience a preoccupation with, or attraction to, related stimuli.

Victims may be able to describe the torture they have endured, or they may fear doing so. In many cases of ritual abuse and mind control trauma, the abuse remains dissociated when the individual first seeks treatment. Typically, the initial presenting problems are symptoms of anxiety, depression, or trauma derived from childhood sexual abuse, usually by a family member who is eventually understood as a participant in the abuser group.

The following is a partial list of these forms of torture:

1. Sexual abuse and torture.
2. Confinement in boxes, cages, coffins, etc., or burial (often with an opening or air-tube for oxygen).
3. Restraint; with ropes, chains, cuffs, etc.
4. Near-drowning.
5. Extremes of heat and cold, including submersion in ice water, burning chemicals, and being held over fire.
6. Skinning for sacrifice or for torture. Pain-inducing drugs, chemicals, and/or adhesive tape can create an illusion of being skinned without permanent injury or scars.
7. Spinning.
8. Blinding or flashing light.
9. Electric shock.
10. Forced ingestion of offensive body fluids and matter, such as blood, urine, feces, flesh, etc.
11. Being hung upside down or in painful positions.
12. Hunger and thirst.
13. Sleep deprivation.
14. Compression with weights and devices.
15. Sensory deprivation.
16. Changes in atmospheric pressure (for example, using rapid pressure changes in a hyperbaric chamber to produce the "bends" and intense ear pain).
17. Drugs to create illusion, confusion, and amnesia, often given by injection or intravenously.
18. Oral or intravenous delivery of toxic chemicals to create pain or illness, including chemotherapy agents.

19. Limbs pulled or dislocated.
20. Application of snakes, spiders, maggots, rats, and other animals to induce fear and disgust.
21. Near-death experiences; such as by drowning or suffocation with immediate resuscitation.
22. Forced to perform or witness abuse, torture and sacrifice of people and animals, usually with knives.
23. Forced participation in child pornography and prostitution.
24. Raped to become pregnant; the fetus is then aborted for ritual use, or the baby is taken for sacrifice or enslavement.
25. Spiritual abuse to cause victims to feel possessed, harassed, and controlled internally by spirits or demons.
26. Desecration of Judeo-Christian beliefs and forms of worship; e.g., dedication to Satan or other deities.
27. Abuse and illusion to convince victims that God is evil, such as convincing a child that God has raped her.
28. Surgery to torture, experiment, or cause the perception of physical or spiritual bombs or "implants."
29. Harm or threats of harm to family, friends, loved ones, pets, and other victims, to force compliance.
30. Use of illusion and virtual reality to confuse and create non-credible disclosure.

To illustrate, ritual abuse survivors may experience intense phobic reactions to spiders or maggots (item 20). They may fear water and baths (items 4 and 5). They often fear hypodermic needles (item 18). They become easily too cold, too hot (item 5), or thirsty (item 12). They may have aversive reactions to cameras (item 23). They may become upset upon seeing babies, dolls, or particular animals, or they may strongly identify with abused and abandoned animals and children (items 22, 24, and 29). Sexual aversions are common (items 1, 23, and 24), as is vulnerability to repeated sexual victimization. Sexual compulsions and paraphilias, such as sadism, can also occur (Young et al., 1991).

Food aversions and eating disorders are common. Ritual abuse survivors may not be able to eat food that is brown or red because these remind them of feces and blood. They are often repulsed by meat, are vegetarian, or fast excessively, or regurgitate food, derived from forced ingestion of body matter and fluids (item 10).

Ritual abuse survivors, by and large, believe in the presence and power of spiritually evil forces, and often feel personally plagued by these (items

25, 26, 27, and 28). They may experience anxiety or an aversion to God and religion (items 26 and 27), or may alternatively be devout in their spiritual beliefs and practices.

Art productions, creative writing, and sand-trays will often reflect their torture; including knives, religious symbols, frightening figures, coffins, burials, etc. Children unconsciously re-enact elements of torture they have witnessed or experienced with toys and other objects. For example, a three-year-old boy wrapped a rope three times around his neck and pulled upward, as if to hang himself. A three-year-old girl sang about marrying Satan.

External or internal reminders of torture-related stimuli often precipitate dissociative responses, such as entering a trance state, falling asleep, or another personality taking executive control of the individual. Torture-associated stimuli may also elicit disturbing impulses to re-enact unprocessed trauma, such as impulses to self-mutilate, or stab or sexually assault another person.

Somatoform and conversion reactions occur frequently in response to ritual abuse and mind control trauma-reminders. Individuals often experience localized pain, especially genitourinary, musculoskeletal, and gastrointestinal, motor inhibitions, nausea, or even swelling in the affected area, prior to retrieval of any visual or narrative memory of the related torture. These are generally very distressing to the affected individual. Once the trauma is re-associated and processed within the context of psychotherapy or other forms of support, these somatoform and conversion reactions usually dissipate.

Survivors of trauma-based mind control often respond with distress to fluorescent lighting, since so much programming utilizes intense lighting (item 8). They may startle in response to a telephone ringing, related to programming to receive or make calls to abusers. They may believe they have microphones inside their heads that will relay their disclosures to their abusers (item 28). Fears of electronic or spiritual surveillance, and threats to loved ones (item 29), inhibit their ability to defy and escape their abusers or to disclose their abuse.

Victims of trauma-based mind control also usually experience intense or odd reactions to benign stimuli that were used in their programming. For example, they may have been programmed to "remember to forget" every time they see an apple, or to remember they are being watched every time they hear a police or fire siren. Similarly, they may make repetitive, robotic statements that do not make sense in the context of dialogue, e.g., "I want to go home," a common programmed statement intended to keep victims obedient to abuser groups and reporting to their abusers. Specific

songs may be compulsively sung for similar programmed purposes.

All of these symptoms can occur prior to the individual having any conscious knowledge of the related abuse. This point is critical. Dissociative and neurobiological responses to overwhelming trauma (van der Kolk, McFarlane, & Weisaeth, 1996) often prevent these experiences from being processed into a coherent narrative memory. The diagnostician cannot rely on the patient to "put the pieces together" of their clinical picture.

Finally, generalized guilt and survivor guilt are strongly associated with ritual abuse, since participation in victimization of others is a mainstay of ritual abuse and mind control torture (items 22 and 29).

For more on recognition of symptoms specific to ritual abuse trauma, see Boyd 1991; Coleman 1994a; Gould 1992; Hudson 1991; Mangen 1992; Oksana 2001; Pulling and Cawthorn, 1989; Ross 1995; Ryder 1992; Young 1992; and Young and Young 1997.

Ritual Symbols, Artifacts, and Holidays Utilized by Groups Practicing Ritual Abuse

Practitioners of ritual abuse observe holidays and employ symbols and artifacts particular to their spiritual practices and beliefs. Victims may describe these, draw them, or be preoccupied with them. Commonly, victims experience increased distress as these dates approach and in relation to these symbols and artifacts. Recognition of ritual symbols, artifacts, and holidays alert the clinician to possible victimization in affected individuals.

Ritual holidays vary between groups, but some of the most common of these include victims' birthdays, many Christian holidays (often in opposition to Christian doctrine and practice), All Hallows Eve through Samhain (October 29 through November 4), Candlemas (February 2), Beltane (May 1, and 10 days prior in preparation), Lammas (August 2), the vernal and autumnal equinoxes (March 21 and September 21), the summer and winter solstices (June 21 and December 21), full moons, new moons, and "Marriage to the Beast" in some practitioners of Satanism (September 5 to 7). Extreme distress, increased self-mutilation, suicidality, and hospitalizations in relation to ritual holidays are a strong indicator of ritual trauma (Ross, 1995).

Symbols and artifacts also vary, but commonly-reported ones include the five-pointed star within a circle (inverted in Satanism, upright in abusive witchcraft), the six-pointed star, the inverted Christian cross, the symmetrical cross in a circle, the letter "A" within a circle (the cross of the "A" extends beyond the circle), the Swastika within a circle (also utilized by Nazi-agenda groups), the circle, the triangle (upright or inverted), the

Ankh, the infinity sign, lightening bolts, the Nero cross (peace symbol), the "all-seeing eye" in a triangle atop a pyramid (as on the United States dollar bill), altars upon which people are physically or sexually abused or sacrificed, black candles (often associated with sacrifice), white candles, other-colored candles, chalices, robes (often black, sometimes white and other colors), masks, swords and knives, snakes, spiders, the head of the goat, red (blood), black (death), brown (feces), and fixation on particular numbers (often, 6, 7, 8, 9, or 13).

The above-described holidays, symbols, and ritual artifacts are generally not associated with victimization by political/military/espionage, race/ethnic hatred, or criminal groups (except the Swastika), unless they have a concurrent spiritual agenda. More detailed information on common ritual symbols, artifacts and holidays utilized by groups with malevolent spiritual agendas are available in published accounts. (See Boyd, 1991; Coleman, 1994b; Edwards, 1991; Katchen & Sakheim,1992; Pulling & Cawthon, 1989 (good illustrations); Ross, 1995; Ryder, 1992 (good illustrations); Oksana, 2001).

Primary Psychiatric Diagnoses for Individuals with Ritual Abuse and/or Mind Control

Trauma

Using present diagnostic criteria, individuals with ritual abuse and/or mind control trauma generally hold a primary diagnosis of Posttraumatic Stress Disorder (PTSD), Disorders of Extreme Stress-Not Otherwise Specified (DESNOS), or a Dissociative Disorder, most commonly Dissociative Identity Disorder (DID). Secondary diagnoses often include other Anxiety Disorders (especially Panic Disorder and Phobias), Mood Disorders, Eating Disorders, Sleep Disorders, Personality Disorders, Substance Abuse Disorders, Sexual Dysfunctions, Somatoform Disorders, Pain Disorders, Conversion Disorders, and stress-related physical diseases. The first step in accurate differential diagnosis from Schizophrenia is good working knowledge of the three primary diagnoses.

The reader is already likely familiar with the diagnostic criteria for PTSD. Briefly, these include three clusters of symptoms in response to having been exposed to a traumatic event. The first is persistent re-experiencing of the trauma in intrusive distressing recollections, recurrent distressing dreams, and the experience of the trauma re-occurring, as in re-living the experience, illusions, hallucinations, and dissociative flashback episodes, and intense psychological distress or physiological reactiv-

ity at exposure to internal or external cues associated with the trauma. The second is persistent avoidance of stimuli associated with the trauma, including the inability to recall an important aspect of the trauma, numbing of general responsiveness, and restricted range of affect. The third is persistent symptoms of increased arousal, including difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, and an exaggerated startle response.

Disorders of Extreme Stress-Not Otherwise Specified (DESNOS) is a relatively recent diagnostic formulation not included in the DSM-IV (American Psychiatric Association, 1994), which perhaps better captures the symptom picture of ritual abuse and/or mind control trauma survivors. These disorders are explained in depth on the World Wide Web. (See Luxenberg, T., Spinazzola, J., &. van der Kolk, B. (2001), Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part One: Assessment, *Directions in Psychiatry* (*21*); Luxenberg, T., Spinazzola, J., Hidalgo, J., Hunt, C., &. van der Kolk, B. (2001), Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part Two: Treatment, *Directions in Psychiatry* (*21*), see http://www.traumacenter.org/DESNOS.pdf).

The diagnostic criteria for DESNOS include six categories, as follows: 1) Alteration in regulation of affect and impulses, 2) Alterations in attention or consciousness (dissociative symptoms), 3) Alterations in self-perception (negative, trauma-related self-representations), 4) Alterations in relations with others (inability to trust, revictimization, or victimizing others), 5) Somatization, and 6) Alterations in systems of meaning (despair and hopelessness or loss of previously sustaining beliefs).

Dissociative disorders bear a bit more explanation, since these are generally the least recognized and understood, and because they are so strongly associated with Ritual abuse/mind control traumatic stress.

The DSM-IV Defensive Functioning Scale defines dissociation as follows: "The individual deals with emotional conflict or internal or external stressors with a breakdown in the usually integrated functions of consciousness, memory, perception of self or the environment, or sensory/motor behavior" (American Psychiatric Association, 1994, p. 755). Dissociation has become understood as a common response to trauma. Dissociative responses are generally believed to first arise during traumatic experiences and to be fortified by intrusive and chronic re-experiencing of these experiences. Common dissociative responses include self-induced trance states, numbing of psychological pain, bodily self-anesthesia, partial or full amnesia for abuse, depersonalization (feeling detached from oneself, as if in

a dream), out-of-body experiences (the experience of observing one's self from without), and derealization (experiencing others or the world as less than real) (Briere, 1992; Ellenson, 1986; Hartman & Burgess, 1993; van der Kolk et al., 1996).

Dissociative responses also include many somatoform symptoms (Ross, 1997), such as transient or enduring numbness, insensitivity to pain, psychogenic stiffness or paralysis, genitourinary pain, gastrointestinal pain, musculoskeletal pain, pain on skin surfaces, disturbed smell or taste, psychogenic non-epileptic seizures, and impaired ability to see, hear, or speak. A body of research by Nijenhuis (2000) and colleagues argues convincingly that conversion and some somatization disorders are so intrinsic to dissociative disorders that they should be re-classified in the DSM as such. Nijenhuis has developed a scale to measure these, the *Somatoform Dissociation Questionnaire* (SDQ-20). An excellent book on the effects of trauma on health, injury, and disease is Robert Scaer's *The Body Bears the Burden: Trauma, Dissociation, and Disease* (2001).

Attention to somatoform dissociative symptoms holds particular importance for assessment of Ritual abuse/mind control traumatic stress. Somatoform dissociative symptoms have been found to be associated with severity of reported childhood trauma involving physical contact or injury (Waller, et al. 2000). Since victims of ritual abuse and mind control have experienced extreme pain and torture, this may explain the great frequency of somatoform symptoms in this population (Oksana, 2001; Ryder, 1992). A study utilizing the SDQ-20 significantly differentiated Schizophrenia and Dissociative Disorders (Sar, Kundakci, Kiziltan, Bakim, & Bozkurt, 2000). Patients with dissociative disorders scored about twice that of patients with Schizophrenia. Thus, severity of somatoform symptoms may help differentiate patients with Ritual abuse/mind control traumatic stress from patients who should be diagnosed with Schizophrenia.

The most severe form of dissociative disorder is Dissociative Identity Disorder (DID). The DSM-IV defines its essential feature as "the presence of two or more distinct identities or personality states that recurrently take control of behavior" (p. 484). Van der Kolk et al. (1996) describe such identities as "distinct ego states that contain the traumatic experience, consisting of complex identities with distinct cognitive, affective, and behavioral patterns" (p. 307). DID is associated with chronic, intense, and early abuse, often involving a combination of physical, sexual, and emotional abuse, and frequently including experiences of profound neglect, family violence, and a generally chaotic home environment (Chu, Frey, Ganzel, & Matthews, 1999; Draijer & Langeland,

1999; Ogawa, Sroufe, Weinfield, Carlson, & Egeland, 1997; Putnam, 1997; Pynoos, Steinberg, & Goenjian,1996; Ross, 1995; Van der Kolk et al., 1996). Research suggests that its prevalence in the general population is at least 1% and closer to 5% in samples of psychiatric patients (Ross, 1997).

Symptoms of DID include: 1) rapid personality changes, e.g., timid to aggressive, regressed to mature, female to male, 2) references to oneself in the third person, 3) reports of voices, primarily inside the head, 4) marked changes in appearance, skills, preferences, knowledge, memory, and physical complaints, 5) significant loss of time, and, 6) in children, reports that an animal or evil entity made them behave aggressively/destructively. In young children, personalities are often in a process of formation rather than fixed, thus the proposed diagnoses of "Incipient" DID (Fagan & McMahon, 1984) and "Dissociative Disorder of Childhood" (Peterson, 1996).

In ritual abuse and mind control trauma, a few personalities generally form in response to severe, early abuse, often in infancy. Personalities continue to branch off of these in response to ongoing trauma. Not uncommonly, these individuals have hundreds of personalities, receiving the diagnosis of Complex DID.

Adult survivors and child victims of ritual abuse and mind control often withhold dissociative experiences unless the subject is directly explored by the clinician. Many dissociative symptoms may be difficult for individuals to describe because they involve "negative" rather than "positive" experiences, such as, 1) amnesia, 2) emotional numbing, and 3) loss of self-awareness, time, or physical sensation. In DID, the host personality ("The personality that has executive control of the body for the greatest percentage of the time during a given time period," Braun, 1986) may not report the presence of other personalities because the host fears them, is ashamed of them, wishes to deny their presence, or is not conscious of their existence (though internal personalities are usually aware of the host). In many cases, the individual withholds this information from the diagnostician for fear of not being believed or of being labeled "crazy," psychotic, or Schizophrenic, a very common diagnostic error (Bliss, 1980; Kluft, 1987; Ross, 1997). However, survivors are more likely to reveal dissociative symptoms and related traumatic experiences to clinicians who demonstrate an understanding of dissociation, are respectful, and do not invalidate their experiences.

Psychological Tests in the Assessment of Ritual Abuse and/or Mind Control Trauma

The purpose of this chapter is to provide guidelines for differential diagnosis within the context of the diagnostic interview and ongoing therapy rather than psychological testing. Yet, the literature on psychological testing with victims of ritual abuse, and a substantial body of research on psychological testing of DID and other dissociative disorders, inform our clinical understanding in ways that generalize to the clinical interview. These are conceptually incorporated in our differential diagnosis chart below. In complex cases in which diagnosis remains uncertain, psychological testing is indicated and the findings summarized herein can inform that process.

A review of the literature yielded few scholarly works specific to psychological testing of adult victims of ritual abuse. The most notable are by Mangen (1992), Noblitt (1995), and Leavitt and Labott (1998a, 2000).

Noblitt (1995) found that patients reporting ritual abuse had significantly higher scores than other psychiatric patients on two Minnesota Multiphasic Personality Inventory (MMPI) scales designed to measure Posttraumatic Stress Disorder (PTSD). They had a mean of 86.3 on the PK scale, (PTSD by Keane: Keane, Malloy & Fairbank, 1984) and a mean of 85.8 on the PS scale, (PTSD by Schlenger: Schlenger & Kulka, 1989). Patients not reporting ritual abuse had a mean PK score of 58.3 and a mean PS score of 58.7. For patients reporting ritual abuse, 91% of them had scores in the clinically significant range (above 65) on at least one of these two scales. Both scales were developed based on research comparing MMPIs of Vietnam veterans with Posttraumatic Stress Disorder to other psychiatric patients.

Leavitt and Labott (2000) compared Rorschach results of three groups of patients; 1) patients reporting child sexual abuse within Satanic cults; 2) patients reporting child sexual abuse without ritual abuse; and 3) non-abused patients. The first two groups had histories of amnesia for their sexual trauma, memory recovery after the age of 18 years, and an absence of psychotic or neurologic symptoms. Groups were compared for frequency of 41 Rorschach content responses related to Satanic ritual abuse, selected by four experts in ritual trauma. The group of patients reporting abuse within Satanic cults gave significantly more Rorschach responses with Satanic content. The following specific percepts significantly differentiated the groups: robe, mask, body mutilated, babies damaged, ritual ceremony, threatening eyes, blood everywhere, special knife, goat reference, bondage, torture, sacrifice, hooded figure, altar, blood rituals, and circle. A second

study revealed that these results were unrelated to patients' degrees of media and hospital milieu exposure to the subject of Satanic ritual abuse. In fact, less media exposure was associated with production of *more* Satanic content in patients reporting ritual abuse, evidence that reports of ritual abuse are not primarily the product of exposure contagion.

In an earlier study, Leavitt and Labott (1998a) found that patients reporting Satanic ritual abuse provided more Satanic-content responses in a word association test than patients reporting non-ritual sexual abuse. They also provided fewer normative responses, understandable given the pervasive nature of ritual trauma and the paucity of normal childhood experience for so many of these victims.

Mangen (1992) performed approximately 25 psychological evaluations with patients already identified as having been victimized within Satanic cults, including the Wechsler Adult Intelligence Scale-Revised (WAIS-R), Rorschach, Thematic Apperception Test (TAT) or other story-telling test, human figure drawings, and more.

Mangen found that the "testing" situation itself often induced great fear in these patients, related to the frequent "tests" of abilities within ritual abuse. Test stimuli, even benign or familiar stimuli, often acted as trauma reminders and precipitated trauma reactions and dissociative "switching" of personalities. He observed that "many responses given by these patients sound blatantly psychotic" (p. 154), but closer scrutiny revealed that these were derived from the ritual abuse and the traumatized level of functioning. He explains the importance of understanding ritual abuse practices, symbols, holidays, etc., as emphasized above.

Mangen found these individuals were of at least average intelligence. However, signs of cognitive slippage and inefficiency occurred as trauma impinged on thought processes. Idiosyncratic, personalized, and even bizarre responses to test stimuli were common. For example, patients often provided disorganized responses to intelligence tests involving numbers, and in particular, having to repeat series of numbers backwards, since numbers and reversal of numbers and letters are common in ritual practices and programming. Mangen noted that words often lost their meaning as symbols, and were perceived as dangerous in themselves, related to abusers communicating deadly messages with words, and punishment by abusers for incorrect verbal responses. Visual images also disorganized thought processes. E.g., one woman froze when given puzzle pieces of a human figure to assemble. When asked what had happened, she "switched" into a young personality who explained that she had participated in rituals involving people being cut into pieces, but had never been told to try to put the people back together.

Mangen emphasized that such disorganized episodes are frequent, but exist side-by-side with trauma-free spheres of cognitive functioning. He suggests that the traumatized thought processes are state-dependent, and that these patients readily enter states of traumatized functioning.

Mangen's Rorschach observations are especially revealing. Patients tended to provide images that were perceptually accurate (good form); i.e., they were largely consistent with shapes in the inkblot. In contrast, patients with Schizophrenia often have poor perceptual accuracy (poor form) on the Rorschach, a sign of more impaired perceptual and thought processes.

Though form was generally adequate, associations to the blots were replete with traumatic imagery. E.g., a perception of a person might fit the blot, but the associations might include themes of cutting and murdering babies, eating flesh, evil, etc., additions that would appear bizarre if not for the ritual trauma. Such trauma-driven associations might be made with flat affect or flooded affect. In some cases, perceptual distortions (poor form) were more central, but even these were often resolved in light of the abuse. For example, one patient perceived a person with women's breasts and a penis, an incongruous combination (INCOM) that might indicate psychosis, if not for the fact that some sexual rituals involve people costumed to appear bi-gender. Yellow was perceived by another patient as angry and as urine "poured all over me." This response becomes understandable if the clinician knows that abusers often urinate on the victim, in some cases with the intent to dominate the spirit of the victim with their own spirits.

Mangen explains that drawings also contain elements that would appear bizarre without an understanding of the underlying trauma. For example, trees may contain eyes, hidden people, and blood dripping from severed limbs. Moore (1994) notes that in human figure drawings of ritual abuse victims, arms often abruptly end, appear torn off or jagged, or have unusual endings unlike hands. Ritual acts, symbols, candles, pentagrams, inverted crosses, robes, dripping blood, etc., may be graphically represented, particularly if the abuse is conscious. Cohen and Cox (1995) include a series of drawings depicting the unfolding of memories of an adult woman ritually abused as a child, replete with graphic memories of abusive rituals, ritual artifacts, her terror, phallic symbols of sexual abuse, and dissociative responses, such as multiple self-representations in one drawing, and changes in developmental level across drawings in relation to the age of the personality making the picture.

Mangen reports that ritual abuse victims demonstrate a damaged experience of self on projective tests such as the Rorschach and TAT. Re-

sponses demonstrate a lack of self-agency, that is, a sense of lack of control over one's life and actions. Figures are often perceived as helpless or passive. Body integrity is often impaired; figures are seen as broken, devoured, harmed, etc. Self affect is inconsistent and incongruent. For example, a figure may be described as frightened and laughing, evil and good, etc. Dissociative processes are evident in illogical shifts and transpositions. TAT stories include confusion in regard to time, states of waking and sleeping, life and death, here and not here, and sudden changes in what characters know, think, and want.

TAT stories reflect interpersonal estrangement and malevolence. Themes of caring and kindness tend to be fleeting. Themes of deception and betrayal are common; "things are not what they seem." Kind adults turn threatening. Child figures may feign compliance, but are described as actually pretending or escaping in their minds (dissociating). Responses are consistent with the devastating and pervasive abuse these victims have experienced, so often including immediate family members.

Affect dysregulation and emotional intensity pervade test responses. Primitive violent imagery related to ritual trauma is common in Rorschach responses and TAT stories. There is a paucity of positively tinged affective experiences, such as love and hope. Terror and despair dominate. Fear of annihilation and abandonment are more common than fear of loss of love. Some responses may reflect identification with aggressors.

Dissociative responses are observed throughout the evaluation process. Blocking of affect may occur as trauma is described. Overwhelming stimuli can precipitate switching of personalities. There may be obvious changes in vocal presentation and general demeanor. Personalities may identify themselves by name. They may relay accounts of horrible abuse unknown to the host and the host may return with complete amnesia for the event. Or dissociative episodes may be more subtle, and not distinguished unless the evaluator looks for amnestic gaps, such as the repetition of test questions later in the evaluation process to determine if prior responses are recalled.

Mangen explains that the patient may not be able to reveal the "secret" of the abuse and that personalities who identify with the cult experience tend not to present themselves. Thus the clinician must work with the patient to "help make the invisible visible" (p. 155). However, he states that much more research is needed on the use of psychological testing in identifying severe trauma, dissociation, and in particular ritual trauma, to help clinicians to recognize patients who are still preserving the "secret" and not yet revealing their ritual abuse.

Since 1989, a number of assessment and screening tools have been proven very useful in discovering dissociative symptomatology. These tools can play a critical role in differentiating Dissociative Disorders from Schizophrenia (Steinberg, Cicchetti, Buchanan, Rakfeldt & Rounsaville, 1994; Welburn, Fraser, Jordan, Cameron, Webb, & Raine, 2003), thereby making an important contribution to differential diagnosis of Ritual abuse/mind control traumatic stress from Schizophrenia. Administration and scoring are simple, not requiring specialized training in psychological testing. These include:

- *The Dissociative Experiences Scale* (DES), a 28-item self-report measure (Carlson & Putnam, 1993; Carlson, Putnam, Ross, Torem, Coons, Dill, Loewenstein, & Braun, 1993).
- *The Dissociative Disorders Interview Schedule- DSM-IV Version* (DDIS), a highly structured interview administered in 30 to 45 minutes (Ross, 1989; Ross, 1997).
- *The Dissociation Questionnaire* (DIS-Q) (Vanderlinden, Van Dyck, Vandereycken, & Vertommen, 1991).
- *Questionnaire of Experiences of Dissociation* (QED) (Riley, 1988).
- *Structured Clinical Interview for DSM-IV Dissociative Disorders (SCID-D-R)* (Steinberg, 1996).
- *Structured Interview of Disorders of Extreme Stress* (SIDES) (Pelcovitz, van der Kolk, Roth, Mandel, Kaplan, & Resicket, 1997). This tool for assessing extreme traumatic stress includes a subscale, "Alterations in Attention or Consciousness," which has sub-categories of amnesia, dissociative episodes, depersonalization.
- *Somatoform Dissociation Questionnaire (SDQ-20),* (Nijenhuis, 2000).
- *Adolescent Dissociative Experiences Scale-II (A-DES)* (Armstrong, Putnam, Carlson, Libero, & Smith, 1997).

Differential diagnosis of children with ritual trauma is beyond the scope of this paper. However, three widely-used scales that screen for dissociative disorders are included for reference:

- *Children's Perceptual Alteration Scale* (Evers-Szostak & Sanders 1992).
- *Child Dissociative Checklist* (Putnam, Helmers, & Trickett,1993;Version 3).
- *Child Dissociation Problem Checklist* (Peterson, 1991).

A substantial body of research has identified a number of Rorschach indicators that differentiate DID and other dissociative disorders from other mental disorders (Armstrong, 1991; Danesino, Daniels, & McLaughlin, 1979; Labott, Leavitt, Braun, & Sachs, 1992; Labott & Wallach, 2002; Leavitt & Labott, 1998b; Lovitt & Lefkoff, 1985; Scroppo, Drob, Weinberger, & Eagle, 1998; Silberg, 1998; Wagner, Allison, & Wagner, 1983; Wagner & Heise, 1974; Young, Wagner, & Finn, 1994).

Not surprisingly, individuals with DID produce more traumatized content than many other populations, including perceptions of blood, anatomy, and morbidity (images of things that are damaged, diseased, mutilated, dead, etc.), and assault or pursuit, consistent with their history of severe trauma and intense somatic concerns. Traumatic imagery in the blots can precipitate intense anxiety, flashbacks, autohypnotic trance states, or a change in personality. Silberg (1998) found that dissociative children and adolescents perceived in a battery of tests (including the Rorschach) produced more images of torture, mutilation, and malevolent religiosity (sacrificial ceremonies, devils, etc.) than other patients. Some reported that symbols of Satan or devils had been used to terrorize them.

Patients with DID have an elevated number of responses depicting fragmentation, that is, the perception of objects as divided, torn, cut, broken, or split, paralleling their lack of integration of consciousness and a sense of damaged body integrity. They tend to form highly atypical images (high Xu and low X+% in the Exner (1978) system), indicating a tendency to see the world in an unconventional manner. They tend to see incompatible relationships in the blots, such as inappropriate condensation of images into single objects (INCOM) and implausible relationships between objects (FABCOM). These findings derive, in part, from dissociation and their heightened imaginative capacity, and can appear like Rorschach responses of Schizophrenia in their divergence from conventionality and reality.

However, patients with DID tend to see few severely distorted responses (X-) and more whole and real objects than part and imaginary objects, in contrast to patients with Schizophrenia. They also tend to have at

least one human movement response with unusually well-articulated form (M+), an indicator of normal psychological development that is atypical of psychotic subjects. They also tended to have a very large number of responses involving the perception of depth, distance, or dimensionality (high FD), which is associated with a good capacity for intellectual self-observation and introspection (Armstrong & Loewenstein, 1990). This also corresponds with derealization experiences in which things appear far away, distorted, or unreal.

DID patients have some tendency to respond to color more than form in color responses (total CF and C responses is greater than total FC responses), including color responses of both positive (e.g., a flower) and negative (e.g., blood) connotations (Wagner et al., 1983, 1994). Color dominating form is related to weak regulation of affect and behavior, also consistent with severe trauma and subsequent dysfunctionality.

DID patients have a large number of responses involving the perception of movement (e.g., a bird flying, a woman sewing). This is associated with heightened imaginative capacity and is consistent with the capacity of individuals with DID to dissociate (self-induced trance, retreat into their inner world, switching to other personalities) to mentally escape trauma. Dissociative children and adolescents have also been found to be fantasy-prone, relying more than other patients on dissociative coping mechanisms such as pretending, forgetting, wishing, sleeping, extreme dichotomization of things, and mental magical transformations (e.g., evil becomes good, dead become alive) (Rhue, Lynn, & Sandberg, 1995; Silberg, 1998).

These Rorschach indicators have relevance for diagnostic interviews with victims of ritual abuse and mind control since most of these victims are highly dissociative. The clinician should expect intrusive traumatic images and fears to impinge on thought processes and to generate dissociative responses. Identity and self-expression are likely to be incohesive. The environment may be perceived and described unconventionally. Moderate dysfunction in regulation of behavior and affect can be expected. These effects are likely to be magnified in ritual abuse and mind control trauma since the abuse is so extensive, and often begins in infancy or early childhood.

Sources of Misdiagnosis of Schizophrenia in Cases of Ritual Abuse/Mind Control Traumatic Stress

Symptoms of PTSD, DESNOS, and Dissociative Disorders often present as similar to symptoms of Schizophrenia. Hallucinations, delusions,

and thought disorders, long believed to be the hallmark of Schizophrenia, are now being understood as commonplace to trauma disorders. Disorders of extreme stress have a profound effect on cognition, perception, identity, social relationships, stress-tolerance, and regulation of affect and behavior. And dissociative phenomena disturb the integrative functions of consciousness, memory, identity, and sensory perception severely enough that the clinical picture begins to resemble the confusion of Schizophrenia. Thus the high rates of this misdiagnosis, and years of treatment before proper diagnosis (Bliss, 1980; Kluft, 1987; Ross, 1997).

Schneiderian first rank symptoms, historically considered to be classic features of Schizophrenia, are actually more prevalent in DID than in Schizophrenia. A comparison of 1739 schizophrenics with 368 MPD (Multiple Personality Disorder; the designation for DID in 1990) patients found that schizophrenics averaged 1.3 Schneiderian first rank symptoms, while MPD subjects averaged 4.9 (Ross, Miller, Reagor, Bjornson, Fraser, & Anderson, 1990).

Similarly, Ellason and Ross (1995) compared 108 patients with DID patients with 240 patients with Schizophrenia. They found that positive symptoms were more severe in the DID group, while the negative symptoms were more severe in Schizophrenia. Positive symptoms include delusions, conceptual disorganization, hallucinatory behavior, excitement, grandiosity, suspiciousness, and hostility. Negative symptoms include blunted affect, emotional withdrawal, poor rapport, passive-apathetic social withdrawal, difficulty in abstract thinking, poverty of thought and spontaneous activity, and stereotyped thinking/behavior.

Schneiderian positive symptoms common in DID include hallucinations of voices commenting on one's behavior, conversing, or arguing (voices are the most common symptom, Ross et al., 1990); thought insertion (the belief that thoughts have been placed into one's mind); thought withdrawal (the belief that thoughts are being taken from one's mind); audible thoughts (hearing one's thoughts spoken aloud); delusions of control; and somatic passivity (the belief that the body is being influenced by an external force or power) (Kluft, 1987; Ross et al., 1990). True thought broadcasting (the belief that one's thoughts are transmitted to others all around, often via some form of media), a Schneiderian first rank symptom, tends not to occur in DID. However, a suspicion that others are able to read one's mind, especially a parent or a therapist, does occur in DID (Kluft, 1987).

When trauma-based disorders originate in experiences of ritual abuse and/or mind control, diagnostic questions become even more complex,

and misdiagnosis of Schizophrenia more likely. Much of the basis for misdiagnosis lies in the DSM-IV's definitions of delusions and hallucinations, and the diagnostic criteria for Schizophrenia.

The DSM-IV defines a delusion as:

> A false belief based on incorrect inference about external reality that is firmly sustained despite what almost everybody else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary. The belief is not one ordinarily accepted by other members of the person's culture or subculture (e.g. it is not an article of religious faith)... (American Psychiatric Association, 1994, p. 765).

Belief in the existence of ritual abuse and mind control is not in the realm of acceptance in mainstream Western culture, and therefore likely to be mistaken for delusional. Information on ritual abuse and mind control is generally unavailable due to: 1) the secrecy preserved by the underground abuser groups, 2) profound dissociative responses in the victims limiting their own knowledge of their abuse history, 3) victims' fear of disclosure (Fraser, 1997b; Young & Young, 1997), 4) abusers' use of sophisticated mind control techniques designed specifically to prevent victims from gaining any conscious awareness of the abuse, 5) use of torture and illusion to instill bizarre "cover memories" to undermine victims' credibility and make them appear insane, and 6) claims that memories of ritual abuse are false, grossly exaggerated, or the product of bad therapy by organizations that have had considerable influence in the media and much presence in the courts, such as the False Memory Syndrome Foundation (Brown, Scheflin, & Hammond, 1998; Coons, 1997; Whitfield, Silberg, & Fink, 2002; Young & Young, 1997).

This coordinated effort to discredit reports of ritual abuse and mind control is supported by the natural human tendency to dismiss these heinous crimes as impossible because they are too disturbing to believe. Health and law enforcement officials often believe victims' accounts upon first hearing them. But within hours or days, many come to view the victim as psychotic. This is often based in a emotional aversion for the material, albeit often an unconscious reaction. In contrast, clinicians and law enforcement officials who accept that these crimes are real are often ostracized by their colleagues, and often experience significant secondary traumatic stress (Perlman, 1995), and painful shifts in their view of humanity,

their communities, and the world.

The subject of ritual abuse also has little presence in recent mainstream professional literature. A good many psychology books and journal articles exposed ritual abuse in the early 1990s. But since 1995, the number of publications has dropped dramatically, as mental health professionals reeled from legal and media accusations of "implanting false memories" of child abuse, particularly ritual abuse. Since then, many psychotherapists treating victims of these abuses have become very guarded about divulging their clinical findings, and many medical and mental health professionals now peremptorily dismiss all reports of ritual abuse as delusional.

To the uninformed or misinformed clinician, common beliefs and behaviors associated with ritual trauma and mind control are indistinguishable from many types of delusions associated with Schizophrenia or Delusional Disorder, per DSM-IV definitions (pp. 765- 766). Reports of torture by organized abuser groups conspiring to silence their victims are easily mistaken for bizarre (implausible) and persecutory delusions. Reports of explosives within the body or surgical implants controlling oneself (common beliefs installed in technological mind control) can easily be confused with somatic delusions. Similarly misinterpreted are fear responses to benign stimuli that were in actuality utilized in the victim's trauma or programming. Programming can also cause compulsive behaviors that appear bizarre when viewed out of context, such as robotic, repetitive statements or singing songs at inappropriate times, unusual hand movements, patterned self-mutilation, etc. These behaviors and beliefs appear bizarre, possibly psychotic, if the history of ritual trauma and coercive mind control remain unrecognized.

These victims often report abuse by well-known individuals or government, military, espionage, religious, business, or entertainment institutions. They may allege that such people and institutions are involved in organized child pornography, pedophilia, trafficking of women and children, etc. Many clinicians reflexively view such reports as delusional rather than considering them further. In fact, quite a few facets of victimization by ritual abuse and mind control can generate such beliefs, as follows:

1. These beliefs are often derived from false claims by victims' abusers and programmed illusions used to perpetuate these beliefs. It appears that most abuser groups seek to convince their victims that they are the most powerful and formidable group, the most well-connected to prominent individuals and organizations. Many groups call themselves "the Illuminati," to distinguish themselves as the most enlightened and spiritually powerful. They claim to be direct descendants of the Knights Templar,

the 16th Century Roshaniya of Afghanistan (Daraul, 1997), the Pharaohs of Europe, etc. All such claims are highly unlikely, but help control victims with fear.

2. For many victims of ritual abuse and mind control, the first indication of their trauma is a poorly-defined state of fear or a sense that something is not right. Dissociation and programming make any true memory consciously inaccessible. Naturally driven to determine the source of their uneasiness, they read books, search the Internet, and make inquiries. They come upon information about ritual abuse and mind control and this information "resonates" with them. These individuals begin to piece together their lives "from the outside in," since they cannot yet accomplish this "from the inside out." This approach can result in victims believing they were abused by individuals or institutions unrelated to their abuse.

3. Such allegations can originate in the individual's own personalities who seek to confuse, overwhelm, and terrify the host personality. A personality loyal to one abuser group may make false allegations against particular individuals or institutions that are viewed as rivals. Or, a personality may seek to keep the host in a state of generalized fear of everyone to prevent access to the memories of the actual abuse.

4. These perceptions may be based entirely or primarily in actual experience. For example, Senator John DeCamp's book, *The Franklin Cover-Up: Child Abuse, Satanism, and Murder in Nebraska,* 1992, has carefully documented a case involving allegations of ritual abuse involving prominent community and political figures. The clinician should exercise caution to ensure that his or her cultural biases, spiritual beliefs, and political opinions do not bias diagnostic determinations when allegations are made against prominent figures or institutions.

Abusive mind control usually endeavors to make victims believe that their thoughts are always heard, via surgical implants or electronic surveillance. And victims of ritual trauma usually believe that spiritual entities attached in rituals are now controlling them, commanding them, or reading their thoughts. These can appear much like delusions of thought broadcasting, being controlled, and thought insertion. Yet, these are effects that most individuals would undergo if so traumatized, rather than derived from a neurological disease process, a proven factor the development of Schizophrenia.

The DSM-IV defines hallucinations as, "A sensory perception that has the compelling sense of reality of a true perception but that occurs without external stimulation of the relevant sensory organ," (p. 767) with or without insight that it is a hallucination. The term is not ordinarily ap-

plied to perceptions that occur while falling asleep or awakening. Illusions are distinguished from hallucinations in that illusions involve "an actual external stimulus is misperceived or misinterpreted" (p. 768).

This definition is very broad and does not address the multiple etiologies of hallucinations. When hallucinations are present, many diagnosticians consider Schizophrenia, severe mood disorders, and processes that directly effect the physiology of the brain, such as neurological lesions and diseases, medical illnesses that affect brain physiology, toxins, and substance abuse.

Hallucinations are still not widely attributed to trauma-based disorders and dissociative experiences. Yet, hallucinations are commonly associated with trauma, and are more likely to be present when the trauma is severe, of earlier onset, when it includes sexual abuse, and when violence extends into adulthood.

Read and Argyle (1999) found that psychiatric inpatients reporting a history of sexual or physical abuse had a high frequency of auditory hallucinations, particularly command hallucinations to kill oneself, and paranoid ideation. They write:

> Half of the symptoms for which content was recorded appeared to be related to their abuse. An analysis of the relationships between types of abuse and specific symptoms suggested that hallucinations may be more common than delusions or thought disorder among patients who have been sexually abused, particularly among those who have experienced incest, and that delusions may be more related to having been physically abused (p. 1467).

Flashbacks of ritual trauma regularly involve auditory and visual hallucinations of abusers, and somatic sensations of torture being re-lived.

Greater perceptual distortions are likely to occur when child abuse is of earlier onset, longer duration, involves a number of perpetrators, and when abusers are more closely related to the victim (Sacco & Farber, 1999). Read, Agar, Argyle, and Aderhold (2003) found that 47% of community mental health center patients who were abused as children experienced hallucinations compared to 18% of patients with no abuse. Findings were significant for hearing voices, and command, visual, tactile, and olfactory hallucinations. Adult abuse alone did not generally predict hallucinations. However, patients with both child sexual abuse *and* adult sexual abuse were more likely to experience delusions and/or thought disorders. Mueser and Butler (1987) found that war veterans with PTSD who had auditory hallucinations

had significantly more combat exposure than those without hallucinations. These findings hold great relevance for victims of ritual abuse and mind control, since the abuse often extends into adulthood, and may even be ongoing when the individual seeks treatment.

Bliss (1980) in his article distinguishing features of Schizophrenia and "hysterics with multiple personalities" (the diagnostic term for Dissociative Identity Disorder in 1980) observed the following about visual hallucinations in DID:

> What is seen is usually life-like and real, and corresponds to the kind of visual hallucinations schizophrenics often report. These contrast with weird, bizarre, polychromatic visions seen by alcoholics in delirium tremens, or those found in other toxic deliria. (p. 1396)

While toxic deliria often produce visual hallucinations that remind one of *Fantasia* on LSD (more fantastic and distorted than the visual hallucinations seen with ritual trauma), it is important to note that victims tortured with electroshock, a common means of inducing pain in abusive mind control, often experience flashes of light (often white, blue, red, orange, and yellow) as components of their flashback experiences.

Many mental health professionals continue to mistake reports of voices of dissociated identities for auditory hallucinations. And some victims of ritual abuse have personalities perceived to be animals which, when in executive control, may behave as such; growling, crouching, etc. In some ritual trauma, victims are locked in cages, starved, kept in dark or cold environments, and encouraged to take on animal behaviors and identities. Hendrickson, McCarty, and Goodwin (1990) report that DID patients with animal alters report being forced to live like an animal, exposure to bestiality, and being forced to witness or participate in torture, mutilation, and killing of animals to terrorize, punish, and control them. This clinical phenomenon, which at first may seem like psychotic behavior, has a discernable basis in the patient's trauma history.

If the functional host personality loses executive control of the mind and body, and less functional alters take over long-term control, dysfunctionality can be quite global. Personalities who serve to "hold" the most severe trauma apart from the host may be in constant terror and appear blatantly psychotic. Or completely non-emotional personalities may take executive control in efforts to contain affect flooding. These may be non-responsive, appear catatonic, and may even deny their true identity, symp-

toms easily mistaken for psychotic.

The DSM-IV states that Schizophrenia is diagnosed "if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behavior or thoughts, or two or more voices conversing with each other" (American Psychiatric Association, 1994, p. 285), with corresponding social or occupational dysfunction, for a duration of at least 6 months. Diagnostic exclusions are limited to Schizoaffective, Mood, Substance, and Pervasive Developmental Disorders. By these criteria, when "bizarre delusions" or the above-described voices occur, Schizophrenia should be diagnosed, *even* if these occur *only* during the active phase of Dissociative, Posttraumatic, and Acute Stress Disorders. Clearly, this is a troubling source of misdiagnosis in cases of ritual trauma, and in disorders of dissociation and extreme stress in general.

Distinguishing symptoms of actual ritual abuse from true psychosis is further complicated by the fact that in some cases, the first can eventually develop into the second. Ritual trauma and mind control often cause victims to perceive abusers as omniscient, omnipresent, and capable of almost anything. Many victims isolate themselves socially, due to fear of people or feelings of unworthiness, and may not be able to work. Having little or nothing to ground them back to outer reality, they retreat further into inner nightmarish worlds and their fears can grow unchecked. In cases of organized criminal abuse, perpetrators may still be monitoring, or even abusing, the individual. Prolonged states of dread and hypervigilance eventually gain their own momentum and "outrun" actual events. In an attempt to attach meaning to this state of fear, victims may seek answers from unreliable sources. In particular, the Internet is a valuable source of useful information on ritual abuse and mind control, but is also a source of much misinformation. The individual may finally develop an acute traumatic stress reactive psychosis, in which reality testing is severely compromised. The fear can escalate until it is generalized to almost everything and everyone in the environment, which can closely resemble the delusional state of acute paranoid Schizophrenia. In actuality, this clinical picture is more closely related to the stress-induced deterioration in dissociative patients that was in years past termed *Hysterical Psychosis* (Tutkun, Yargic, & Sar, 1996). Per the DSM-IV, *Brief Psychotic Disorder* would be the most fitting diagnosis, but this lacks the etiological specificity of *Hysterical Psychosis*. Prolonged extreme stress can eventually result in generalized and extended gross dysfunction, including catatonic states. The DSM-IV provides no diagnostic category that fits this most chronic and deteriorated presentation.

In some cases, trauma may contribute to the pathogenesis of Schizophrenia. Read, Perry, Moskowitz, and Connolly (2001) propose a traumagenic neurodevelopmental model of Schizophrenia. Read et al. (2003) suggest that the heightened sensitivity to stress which is found in Schizophrenia is, for some patients, related to neurodevelopmental changes caused by childhood trauma. They cite numerous studies showing a high prevalence of childhood abuse and trauma in psychiatric inpatients diagnosed with severe mental disorders. They also point out many similarities between the effects of early trauma on the developing brain and neurobiological abnormalities associated with Schizophrenia. These include "overreactivity of the hypothalamic-pituitary-adrenal (HPA) axis; dopamine, norepinephrine, and serotonin abnormalities; and structural changes to the brain such as hippocampal damage, cerebral atrophy, ventricular enlargement, and reversed cerebral asymmetry" (p. 319). These neurobiological similarities should be interpreted cautiously, but are certainly consistent with the significant overlap in clinical symptoms of severe trauma disorders and Schizophrenia.

In some cases, an individual will have both Schizophrenia and Ritual abuse/mind control traumatic stress (these individuals are seen most often in inpatient settings). Fortunately, in most cases, these disorders are distinct, and readily differentiated by clinicians experienced with both populations.

Some victims of ritual abuse and mind control appear to have suffered abuse extensive enough to result in irreversible brain damage (e.g., prolonged oxygen deprivation or extensive electroshock). In such cases, the individual can appear much like an individual with chronic Schizophrenia or organic psychosis.

Spiritual Factors

Most ritual abuse victims believe in the existence of God, a rival force of evil, such as Satan, and lesser evil entities, such as demons. Many report having a personal relationship with God, Jesus, angels, etc., as a source of divine guidance and support, often beginning with a profound spiritual experience while being tortured as a child. They may describe a close spiritual connection to other children abused with them in rituals, and may even believe they hold parts of the spirits of sacrificed children within themselves, to help these spirits. They may believe that God has directed them to help other victims of ritual abuse or to expose these crimes, and may be helping others through support networks, writing books, etc. They are often deeply committed to their faith. Many worship within mainstream religions, and others only within individual spiritual practice. Other survi-

vors have anxious and aversive reactions to organized religion, particularly Judeo-Christian religions, as a direct result of rituals involving desecration of Judeo-Christian houses of worship and religious symbols (e.g., the cross), and torture and programming to prevent faith in the Judeo-Christian God.

Ritual abuse victims also commonly experience the presence of evil spiritual entities, both internally and externally. They may believe they have malevolent spiritual attachments within themselves, and may feel plagued or controlled by spirits of living, or even dead, abusers. Some victims believe that they have been possessed by evil spirits or demons, briefly or long-term. These phenomena are often restricted to only particular personalities.

Some survivors believe they have spiritual or supernatural powers and that they are engaged in a battle of good against evil. Many engage in spiritual warfare, or even exorcism of demons, usually within Christian faiths, to protect themselves from forces of extreme evil associated with their childhood ritual abuse, and which they believe still intend them harm. Some practice "white magic" or "Wicca" in efforts to empower themselves.

Many victims of ritual abuse report being telepathic or clairvoyant, and may be superstitious and rely on magical thinking. These characteristics are shared by many patients with DID who are not necessarily ritually abused (Ellason, Ross, & Fuchs, 1996). Many ritual abuse victims also claim to have had paranormal experiences, such as astral travel, out-of-body, and near-death experiences, in which their spirits left their physical bodies.

Many of these spiritual beliefs may be viewed by secular clinicians as unusual or extreme, but would not be so-viewed in many mainstream religions. The less traditional beliefs are consistent with the spiritual practices of many alternative religions. Studies in mainstream psychology are finding high rates of paranormal experience in the general population. Van Lommel, van Wees, Meyers, and Elfferich (2001) found that of 344 cardiac arrest patients resuscitated after being clinically dead, 62 (18%) reported near-death experiences involving a "special state of consciousness," including specific elements such as out-of-body experience, pleasant feelings, moving through a tunnel, communication with light, deceased relatives, or a life review. Greyson (2000) found that people who believed they had left their physical bodies in close brushes with death reported more dissociative symptoms than people without such experiences, but that their level of symptoms was significantly lower than patients with pathological dissociative disorders. Ross and Joshi (1992) found the incidence of 65.7% of paranormal experience in the general population. The most common were deja vu (54.6%), precognitive dreams (17.8%), and mental telepathy (15.6%).

Possession phenomena are not restricted to patients with histories of ritual abuse, nor are they necessarily associated with a psychiatric disorder. Possession phenomena have a higher incidence in cultures with beliefs in spirits or evil, such as some rural Asian cultures (Chiu, 2000). The DSM-IV acknowledges that nonpathological possession trance states are common within certain cultures and religions, within its discussion of Dissociative Trance Disorder (a proposed diagnostic category for further study, pp. 727–729).

The spiritual beliefs of ritual abuse victims are directly derived from years of inculcation in the doctrines and practices of Satanism and abusive witchcraft, generally including the formative years of early childhood, and often under the tutelage of their parents. Victims' spiritual beliefs must be interpreted within this cultural context.

Wolfgang G. Jilek (2001), Past Chairman, Transcultural Psychiatry Section of the World Psychiatric Association, explains that many psychological conditions are actually "Culture-bound Reactive Syndromes." For instance, he reports that persecutory delusions and auditory hallucinations are not necessarily indicative of Schizophrenia in persons of African cultural background and that acute transient psychotic reactions occur especially frequently in African and Afro-Caribbean populations. He reports that increasingly, the French term *bouffée délirante* introduced by Magnan in 1886, is being used to designate these transient psychotic or psychosis-like reactions. He writes (italics added for emphasis, spelling unchanged from the original):

> The bouffée délirante reactions are sudden attacks of brief duration with paranoid delusions and often concomitant hallucinations, typically precipitated by an *intense fear of magical persecution through sorcery or witchcraft*. They are also characterized by a confusional state and by highly emotionalized behaviour and, after the attack, by amnesia, or rather disavowal. In its symptomatology, the bouffée délirante is reminiscent of the transient psychotic reactions occurring in the early phases of industrialization and mass-urbanization in 19th century Europe; described under such names as folie hystérique in Paris and amentia transitonia in Vienna [Morel, 1860; Meymert, 1889]. Indeed, the concept of hysterical psychosis was revived in the 1960s by American psychiatrists with special reference to transient psychotic reactions in non-Western popula-

> tions [Hollender & Hirsch, 1964; Hirsch & Hollender, 1969], while Swiss psychiatrists during the same period introduced the label "emotional psychosis" for bouffée délirante-like reactions *triggered by the fear of witchcraft*, experienced by rural South Italian migrants under acculturation pressure in Swiss cities [Labhardt 1963; Risso & Boeker 1964]. Transient psychotic reactions are of particular interest to comparative cultural psychiatry because *they are interwoven with culturally validated beliefs in sorcery and witchcraft which persist, even after the traditional resources of protection from, and of therapeutic action against, the assumed persecution by magical or supernatural powers, are no longer available as a consequence of Westernization and urbanization.* While the number of individuals experiencing the pressures of rapid social change is steadily increasing, *many feel unprotected against magical forces in which they still firmly believe*, and react to acculturation stress with transient psychotic symptom formation.

The implications of Jilek's thesis for our purpose are clear. Ritual abuse/mind control traumatic stress is a culture-bound condition, uniquely bourne of the subculture of isolation, torture, religious indoctrination, and coercive programming, inherent in ritual trauma and mind control, understandable only in that context, and not to be superimposed onto a model that does not account for its origins, i.e., the diagnostic system of the DSM-IV.

Chart for Differential Diagnosis of Schizophrenia and Ritual Abuse/Mind Control Traumatic Stress

The clinical features that differentiate Ritual abuse/mind control traumatic stress from Schizophrenia are summarized in the attached chart below for easy clinical reference.

This chart draws primarily on the clinical experience of the authors who have treated or assessed a total of 50 patients with ritual abuse and mind control trauma, and hundreds with Schizophrenia, and consultation with other experts in assessment of this population. It also incorporates information drawn from the literature on ritual abuse and mind control trauma; symptomatology related to ritual torture, symbols, artifacts, and holidays; relevant symptoms of the major primary and secondary diagnoses

of affected individuals; findings based in psychological assessment of ritual trauma and DID; and research on differential diagnosis of trauma-related disorders from Schizophrenia.

Validation Studies

Two validation studies were performed on these guidelines and chart. A first draft of these was sent to 17 licensed mental health professionals known to have significant knowledge of ritual abuse and/or coercive mind control. They were asked to fill out a short questionnaire about their professional experience and to indicate the degree to which they judged these guidelines to accurately differentiate *Schizophrenia* from *Traumatic Stress from Ritual Abuse or Mind Control*. Expertise was defined as a clinician having at least 10 years of licensed clinical experience and as having treated or assessed at least six patients with each disorder.

Thirteen surveys were returned. Three clinicians were judged to have inadequate expertise with at least one of the diagnostic groups. Two did not complete the question about adequate differentiation of the two disorders, but did send an explanation and helpful suggestions for improving the guidelines and chart.

Eight clinicians met criteria for expertise and completed the chart; four psychiatrists, three psychologists and one marriage and family counselor/professional counselor (MFT/PC). Seven of these judged that this chart accurately differentiated 90% to 100% of the patients in each diagnostic group from patients with the other diagnosis. One psychologist judged that it accurately differentiated 90 to 100% of the patients with Traumatic Stress from Ritual Abuse or Mind Control from patients with Schizophrenia, but only about 75% of the patients with Schizophrenia from those with Traumatic Stress from Ritual Abuse or Mind Control.

The second validation study was performed following substantial additions to the article text, and less extensive, but significant additions to the differential diagnosis chart. The newly-revised guidelines and chart were sent to 20 additional licensed mental health professionals known to have experience in ritual abuse and/or coercive mind control. Expertise remained defined as in the first validation study.

Fifteen surveys were returned. Three clinicians had inadequate expertise with one or both diagnostic groups. Twelve clinicians met criteria for expertise and completed the surveys. The study results are as follows:

Results of Second Expert Validation Study	Psychiatrists (N = 2)	Psychologists (N = 5)	Clinical Social Workers (N = 3)	MFT/PCs (N = 2)	Total (N = 12)
Mean Years Licensed	25	23	16.7	16	20.6
N of Patients with Schizophrenia	122	401	168	38	629
Percent of Patients w. Schizophrenia Correctly Differentiated (per expert)	90, 95	90, 95, 95, 95, 100	90, 90, 90–95	80, 90	Mean Expert Opinion= 91.9
N of Patients with Ritual Abuse or Mind Control Traumatic Stress (RA/MC)	111	583	210	180	1084
Percent of Patients with RA/MC Correctly Differentiated (per expert)	90, 95	80, 90, 90, 95, 100	90–95, 95, 100	90, 90	Mean Expert Opinion= 92.6

Guidelines to Differential Diagnosis between Schizophrenia and Ritual abuse/mind control traumatic stress by Ellen P. Lacter, Ph.D., and Karl Lehman, M.D.

Symptom	Schizophrenia	Ritual abuse/mind control traumatic stress
Auditory Perceptual Experiences and Distortions; Hearing Voices and Other Sounds	Types: Generally hears voices that call them names, converse, argue, predict danger, or give commands (often hostile). Voices are generally malevolent, but in some cases, benevolent voices occur. Voices tend to be in the second person ("you") and third person ("he", "she"), and not usually in the first person ("I"). May believe the voices are well-known religious or public figures. Rarely hears children's voices. Only a few voices are usually heard. They may also hear buzzing, tones, etc. Unmedicated, voices are usually frequent or constant. Perceived Source and Response: Voices are usually heard as originating outside the head, but voices inside the head are also common. Voices tend to be perceived as audible. The person may speak aloud or yell at these voices. Voices may be perceived from inanimate objects, such as a turned-off radio. They may respond back to these objects, expecting the object to respond back. The person usually can exert no influence over the voices.	Types: If Dissociative Identity Disorder (DID) is present, hearing vocalizations of other "parts" is common, commonly including conversations or arguing between personalities, children's voices, crying or screaming, or even sounds of animal "parts". Hearing voices of abusers is also common. Voices criticizing the host, giving hostile commands, or predicting danger can also occur, but are rarely the only voices heard. Benevolent and helpful voices are common. Voices may be identified by name (personalities). There will often be many voices heard. Internal personalities may converse in the first person, but second and third person are also common, as personalities discuss the host personality. The voices may be perceived to be more vivid than actually audible. Buzzing and tones may be heard, usually derived from flashbacks (mental play-back) of abuse involving such sounds. Voices can be intermittent or frequent. Perceived Source and Response: Usually, voices are perceived as originating inside the head; the person may speak quietly with these internal voices. Occasionally, the person will perceive voices as coming from outside the head, or from inanimate objects, based in the perception of omnipresent threat. In rare cases, they will speak aloud to these voices. They rarely expect a response back. The person may be able to influence these voices; to gain varying degrees of response back, to gain cooperation, or to temporarily silence them.

Thought Withdrawal, Thought Insertion, and Thought Broadcasting	The person may believe that thoughts are being withdrawn from his/her mind by some external force (thought withdrawal). Thoughts and impulses felt not to be one's own may occur and be blamed on some external force (thought insertion). They may believe that their thoughts are transmitted to others at large, often via media such as radio, television, newspapers, etc. (thought broadcasting).	Personalities often block unwanted thoughts, causing the host to suddenly lose track of thoughts or discourse. However, an external force will not generally be blamed for blocked thoughts. Ego-alien thoughts and impulses, e.g., aggressive or sexual, may intrude from other personalities. This is more likely to make the host personality anxious than be ascribed to some external force. Some individuals believe that their abusers, evil entities, or surveillance equipment can implant thoughts or read their thoughts. Occasionally, this fear becomes generalized to everyone and closely mimics the thought broadcasting delusions seen in Schizophrenia.
Visual Perceptual Experiences, Distortions, and Representations	Visual hallucinations are about half as common as auditory. Hallucinations and illusions include people, frightening animals or monsters, lights, lines, etc. If present, they are usually frequent or constant. Perceptual fit may be poor; e.g., a drawing of a man may look nothing like a man. Line quality may be poor and impulsive.	Trauma-based visual perceptions of abusers, abuses, or feared spiritual entities can occur, often "leaking" into consciousness from dissociated personalities, or derived from flashbacks, consistent with traumatic experiences. Hallucinations and illusions tend not to be frequent or constant. Flashes of light or color may be seen, also based in flashbacks of torture, often involving electroshock and light stimulation. Perceptual fit of visual stimuli and drawings is usually good; i.e., interpretation of visual stimuli tend to fit form demands, but not in all cases.
Tactile and Somatic Perceptual Experiences and Distortions	Tactile hallucinations are less common than visual. The person may feel as if insects are crawling on the skin. Hallucinations of pain, hot, and cold are rare. Without co-occurring trauma, abreaction (re-living trauma) is unlikely. Delusions of persecution often accompany somatic perceptual distortions. Conversion reactions are not common. Analgesia	Trauma-based tactile sensations are common, as dissociated experiences of past abuse "leak" into conscious awareness in flashbacks or abreaction (re-living trauma). During flashbacks, these can feel like re-assault, but the person tends to re-orient to reality immediately after. Other tactile sensations are perceived "as if" being assaulted, with reality-testing intact throughout. The most common sensation is pain, often gastrointestinal, genitourinary, skin surface, and musculoskeletal. Others include

	and anesthesia would be unlikely.	cold, heat, dizziness, pressure, nausea, sexual sensation, noxious odors and tastes, perceiving snakes (especially along the spine or in the abdomen) or insects (especially spiders) within the body or crawling on the skin, and the perception of electric shock or involuntary spasms related to torture involving electroshock. Conversion reactions are common, including numbness, anesthesia, analgesia, and motor inhibitions, inability to speak, hear, and changes in vision.
Degree of Conviction in Reality of Perceptual Distortions	Difficulty differentiating hallucinations from reality. Often adamant that these perceptions are real. Difficulty engaging in rational evaluation of the derivations of these experiences. Low capacity for self-observation.	If sounds are heard, distorted stimuli are seen, or somato-tactile sensations are felt, the person usually becomes oriented back to "here-and-now", and understands the perceptions were not real, either as they occurred or shortly afterwards, and can rationally evaluate their source. Insight often follows that these originated in voices or memories of inner personalities, flashbacks, or fear of re-assault and autonomic arousal.
Reports of Persecution	Onset: Focus is usually on persecution that is perceived to be current or beginning in adulthood more often than having childhood origins. Source of threat: Focus is usually grandiose and global, e.g., the CIA, Satan, or celebrities. Specific abusers or abuser groups, specific acts and motives, are usually not identified. Reports usually lack complexity and detail. Rarely states other victims were involved. Affect: Generally agitated as reports persecution.	Onset: Focus is usually on abuse beginning in childhood, sometimes continuing into adulthood, even to the present. Source of Threat: Focus is usually on specific abusers; often close relatives. May also identify people or groups known, or alleged, to participate in Satanism or witchcraft (some with web-sites), mind control with political/military agendas (e.g., CIA, Nazi, Ku Klux Klan, etc.), or organized crime. Allegations include complexity and detail. Impossible delusions can co-occur, derived from mind control designed to mimic psychosis or influence from other sources, especially when overwhelming fear becomes generalized and when answers are sought external to oneself. Generally, reports other victims in addition to oneself. Affect: May be blunted and detached, or intense and afraid.

Degree of Conviction and Consistency in Reporting Abuses	Generally an emotionally intense and unwavering conviction that persecutions occurred, especially early in the disease, and before treatment. Resistant to rational analysis of these beliefs. Illogical and unexplained changes in reports may occur, e.g., changes in alleged perpetrators. With more treatment and age, the person may question these perceptions.	Skepticism is common when memories of abuse first emerge. Individuals often state; "I must have made this up", or, "I don't want to believe it", or, "I can't tell if it really happened, or if I dreamed it or imagined it." Reports are usually accompanied by awareness of possible disbelief by the listener. As dissociation decreases, the person usually perceives increased consistency between memories and reports have increased narrative coherence. The individual may eventually discover that particular memories were distortions based in fear, programming, or abusers' illusions to create "cover memories."
Important Note on Reports of Persecution	Reports of mind control methods, espionage operations, and spiritual or psychic experiences not in the clinician's experience should not be the basis for a diagnosis of Schizophrenia, since; a) most clinicians are not authorities on these complex subjects, b) some abusers program bizarre beliefs (e.g., alien abduction) in victims to make them feel and appear non-credible or insane, and, c) Extreme posttraumatic stress from ritual abuse or trauma-based mind control can cause irrational fears and beliefs, especially if victims socially isolate and/or obtain information from unreliable sources, and, in severe cases, can result in acute or chronic traumatic stress reactive psychosis.	
Response to Respectful Questioning of the Validity of their Reports	The person may react with strong anger, and will often escalate accusations to less credible reports.	Reactions of belligerence are not common. Reactions may include sadness, tears, grief, despair, withdrawal, silence, mild to moderate frustration, or attempts to provide more information. Will often employ logical tactics in an attempt to convey his/her experience.
Response to anti-psychotics	Often results in reduction in perceptual distortions and in reports of persecution.	Low doses can reduce over-generalized fear or aggression, but trauma-based perceptual distortions and reports of persecution will remain. Unless given in low doses, there is often an increase in dissociative confusion and dysfunctionality.

General Dysfunction	During acute psychotic episodes, generalized impairment is usually marked to extreme, and this impairment is fairly constant over the duration of the episode (usually days to months). Baseline generalized impairment (between acute psychotic episodes) is usually mild to marked.	Functionality ranges from good to disabled. Usually, there are spheres of good functionality alongside spheres of trauma-based impairment. Prolonged extreme stress can result in fairly generalized dysfunction and cognitive confusion.
Negative Symptoms	Commonly restricted/ blunted affect, and reduced interest, enjoyment, motivation, energy, initiative, spontaneity, and overall willed action. Often decreased thought content and emotional withdrawal from relationships and daily activity.	Emotional numbing and flooding tend to co-exist. Thinking is generally spontaneous with richness of content. Generally invested in some activities, unless depression dominates the clinical picture. Usually preserves pleasure in some activities and interests.
Affect: Range and Appropriateness	Affect is often restricted/ blunted (a diminished emotional response to stimuli). In some cases, affect is agitated, fearful, and/or angry. Shifts in affect are often unrelated to context (inappropriate), but are not accompanied by dramatic changes in presentation of personality, such as demeanor, appearance, and vocal quality.	Affect may be relatively normal, though mildly blunted in the host personality (usually the most functional personality), or the host may be quite fearful and agitated. Shifts in affect are usually appropriate within the context of trauma reactions. Dramatic shifts to fear, sadness, anger, and in some cases, happiness, occur when personalities "switch", paired with changes in general demeanor, body posture, facial appearance, vocal inflection, and age-related behaviors, such as adult-like or childlike presentation. Some personalities may be severely emotionally constricted or robotic.
Coherence of Thought Process	Generally disorganized with loose associations. Often illogical (alogia), circumstantial, or tangential, and can be so disorganized as to be incoherent.	Generally sequential, coherent, and goal-directed. Narratives may be pressured and somewhat tangential as the individual associates to trauma or attempts to divulge extensive trauma. Thoughts can stop mid-stream, and new, somewhat-related, subjects begun, as personalities compete to communicate.

Abstract Thought	Usually, some impairment in capacity for abstract thought (can be mild to severe). Often displays rigidity and concreteness (can be mild to severe).	Usually, a normal capacity for abstract thought.
Memory Functions	Mild to moderate chronic, baseline memory impairment is common. Amnesia for specific childhood events and amnestic gaps in adult life are not likely (unless severe psychological trauma or dissociation are also present).	Baseline memory function for neutral events is generally normal. There is usually substantial amnesia for childhood, which can include amnesia for significant events (e.g., birthdays or holidays), all experience with particular family members (who are later identified as abuse perpetrators), or even complete amnesia for extended periods of a year or more. There are often amnestic gaps in current adult life as alters take executive control from the host.
Orientation	Disorientation for person, place, and time can occur during acute psychotic episodes, which usually last days, weeks or even months.	Disorientation (dissociative confusion regarding person, place, and time) can be caused by flashbacks and/or dissociative switching, and usually resolves in seconds, minutes, or at most hours.
Attention and Concentration	Often mild impairment in attention and concentration at baseline. Marked difficulty focusing attention and concentrating during acute psychotic episodes, especially due to distraction from hallucinatory internal stimuli. Mild to moderate impairment in attention and concentration remains even at baseline.	Usually, little to moderate difficulty focusing attention and concentrating, commensurate with the person's levels of anxiety, depression, and dissociation. Transient episodes of more marked impairment often occur, especially during flashbacks and personality "switching". As personalities "switch", there are often observable transient trance-states with sleepiness, eyes closed, gaze briefly fixed, or eyelids rolling or fluttering. Sometimes, "switching" trance states are more subtle.
Overall Cognitive Function	Overall cognitive function is usually dramatically impaired during acute psychotic episodes, but some cognitive impairment is also usually present at baseline.	Baseline overall cognitive functioning is normal unless trauma has resulted in permanent brain injury. Various types of cognitive impairment are observed with flashbacks, during dissociative switching, and when certain internal parts assume executive control, but there are usually trauma-free spheres of cognitive functioning.

Language Spontaneity	Often poverty of speech, blocking, increased latency of response, and lacking in spontaneity.	Usually highly verbal and expressive. May be guarded due to fear of eliciting abusive responses, or not being believed. Speaks about many different things and experiences, with a good degree of complexity.
Language Peculiarities	May use new meaningless words (neologisms), meaningless rhyming or "word salad" (a meaningless mixture of words). Very unlikely to refer to oneself as "we."	Neologisms, rhyming, and "word salad" tend not to occur, except in meaningful plays on words. If DID, may refer to the self as "we," or even "not me," may refer to "the voices inside," or may report being inhabited by someone else.
Vocal Quality and Nonverbal Communi-cation.	Vocal quality (tone, inflection) and nonverbal communication (body language, mannerisms, gaze, eye contact) are often unusual, impaired, stunted, or unrelated to the context. Dramatic and sudden changes in vocal inflection, grammar, accent, etc., (personality "switching") are unlikely.	Vocal quality and nonverbal communication are often normal. As personalities switch, there are often changes in vocal inflection, grammar (especially in relation to the age of the personality), even regional accent or other languages. Oddities may be present, e.g., when executive control is assumed by robot-like, terrified, previously-drugged, childlike, and heavily programmed personalities. These oddities are usually less subjectively disturbing and more potentially meaningful than in Schizophrenia. In some cases, oddities are more extreme, but ultimately "make sense" as subtle details of the extreme stress dissociative and processes are understood.
Changes in Interpersonal Communication style	Between acute psychotic episodes, interpersonal communication style tends to be stable, and appears as one personality. Between baseline and acute psychosis, interpersonal communication style can change, usually gradually, over the course of hours or days. During acute psychotic episodes, affect may be labile, but overall interpersonal communication style usually remains stable (one personality).	As personalities "switch," there are usually observable changes in interpersonal communication style. These tend to occur quickly, over the course of seconds, and can occur many times in one session, especially when painful content is being discussed. Note: it can be easy to miss changes in interpersonal communication style when they are subtle and/or when they occur more slowly (over minutes as opposed to seconds).

Distress and Phobic Reactions	Distress and phobic reactions may occur in relation to delusional content, such as fear of cameras, microphones, and spiders.	Distress and phobic reactions are common in response to abuse-related stimuli, such as knives, babies, crosses, blood, and related to fear of surveillance, such as cameras and microphones. These may also occur in response to benign stimuli, such as colors and shapes. Extreme distress, increased self-mutilation, suicidality, and hospitalizations in relation to ritual holidays are common.
Fugue States	Unlikely to experience psychogenic fugue states or to find oneself in a strange place or doing unfamiliar activities with no memory of how one arrived there.	Fugue states are common, as "alter" personalities take executive control of the body. The host will often affirm having found him/herself in a strange place or as engaging in an unusual, or morally unacceptable, behavior, often with unfamiliar people.
Hypnotizability	Likely to be somewhat suspicious about being hypnotized and resistant to hypnosis. Generally, will score low on formal hypnotizability measures.	Generally autohypnotic, with spontaneous trance states. Usually highly hypnotizable. Alter personalities will often take executive control in response to a request to speak with them. The host will usually transition through a hypnagogic state in the process.
Rapport and Guardedness with Therapist or Evaluator	Stilted rapport, lack of emotional involvement, and guardedness are common. Mutual interaction may not be sustained. Fear reactions may occur and mount with little rational basis. Distrust may recede and re-appear. Response to reassurance is usually guarded and slow.	Initial guardedness is typical. Trust usually builds with support, a sense of being believed, and demonstration of some understanding of dissociation and ritual trauma. Generally, the individual seeks emotional involvement. Trust is likely to decrease as new difficult material is about to surface. Consistency and "waiting this out" at such times will allow the work to proceed and trust to deepen. Fear reactions may also occur in response to trauma reminders, and are also responsive to the therapist's consistency. Personalities who emerge later in treatment are usually receptive to help, although they may be initially apprehensive and resistant.

Counter-transference Responses	Clinicians often experience a feeling of confusion and wish to retreat from the interaction, due to the individual's emotional distance, difficulty following the content, and inability to make sense of the person's communication.	Clinicians generally respond to these people with interest, empathy, and a desire to help. Some clinicians experience a desire to retreat from the interaction, due to the painful and frightening nature of the reported abuses (rather than an inability to mentally track the communication), concern that they cannot offer competent treatment, or fear of retaliation by the client's abusers. Some clinicians fear legal actions or professional criticism if they diagnose DID or assess trauma from ritual abuse, which can influence diagnostic determinations and willingness to treat.
Social Relationships and Fear Responses to People	Generally lacking in interpersonal involvement, closeness, and empathy. Tendency to distance or isolate and avoid prolonged social interchange. May have a few superficial relationships. Easily overstimulated by human contact. Often fears people, particularly people looking at them. Usually not frightened of people based on particular behaviors or appearance. Mental and social development tend to be globally arrested.	Usually in an approach-avoidance conflict with people. Usually, a capacity and desire for close interpersonal contact, but great fear about whom to trust. Tendency to have a few close enduring relationships, especially if one primary caregiver was positive, consistent and not abusive. Some may have a primarily avoidant attachment style. Tendency to fear people with a particular appearance, actions, or function, related to reported abuses, e.g., people with beards, people who use their hands in ways interpreted to be programming "triggers', police officers, etc. Co-morbid Borderline Personality Disorder is not uncommon. In such cases, interpersonal relationships may be volatile and unstable.
Complexity of Object Relations and Narcissism	People are perceived and described as fairly unidimensional. Some people may be described as evil in their intent to harm. The focus is on how the actions of others effect oneself, with little insight into, or awareness of, others' motives. Tends not to	People are understood and described with complexity, with some insight into their underlying feelings, needs, and motives. There is usually a strong need to understand why family abusers committed their abuse. Some perpetrators may be described as evil. Others may be viewed as doing evil acts, but being primarily victimized and controlled. Usually, some people will be described

	think about why alleged perpetrators intend them harm.	as good. Survivor guilt is common, especially if the person believes he or she assisted in sacrificial rituals. Substantial narcissism, splitting, and deficient empathy can also occur. All of the above may be limited to specific personalities.
Laughter and Humor	Often absent. If humor is attempted, it is usually strange, tangential, and not related logically to the context. It tends to fall flat. Little or no ability to laugh at oneself.	Humor may be absent due to acute stress and depression. When present, humor is usually intelligent, logical, wry, and/or ironic. Often able to poke fun at one's own trauma, dissociated identities, and dysfunctions. Can use humor appropriately as a defense to allay anxiety.
Self-care	Self-care, hygiene, and dress are often odd and/or poor.	Self-care and hygiene are usually within normal limits, but can deteriorate in response to prolonged stress or with concomitant substance abuse. Dress can be normal to childlike to "witchy."
Somatization, Conversion, and Physical Health	Medication side effects, poor self-care, little exercise, cigarette and substance abuse, and the chronic stress of coping with Schizophrenia, all contribute to multiple health problems. Somatization and conversion reactions are not expected, unless there is also a significant trauma history.	Stress-related physical symptoms are usually present. Headaches, especially migraine headaches, are prevalent, particularly as personalities "switch" or threaten to switch. Also common are autoimmune (especially fibromyalgia and chronic fatigue), gastrointestinal, genitourinary, cardiopulmonary, and musculo-skeletal problems. These may be true physical disorders caused by, or exacerbated by, stress. Or they may be primarily an expression of psychological distress (somatization). Physical symptoms often occur as specific memories press toward conscious awareness, such as jerking based in memories of electroshock, or swelling at sites of prior injuries. Emerging memories of trauma often also result in conversion reactions of the sensory or voluntary motor system, such as analgesia (decreased ability to feel pain), tactile anesthesia (loss of sensation for touch), hyperaesthesia (excessive sensitivity to stimuli), inability to speak, see, hear, or move a part of the body related to the trauma.

Self-importance and Grandiosity	Self-aggrandizing; fabricates abilities, accomplishments, and knowledge, to grand proportions, both worldly and spiritual. May claim to be an important religious (e.g. Jesus) or political figure, or to have important roles with these figures. Shame and feelings of worthlessness can also be severe.	Often, shame of cult role. In some cases, pride in cult role and/or abuses endured. Distinct personalities may be boastful about their "power". May claim spiritual powers, e.g., psychic abilities, clairvoyance, the ability to leave their bodies, or astral travel. It is unlikely that individuals would claim to be someone they are not, e.g., Jesus. But, they often perceive such figures within the self, such as Lucifer, Satan, Baphomet, etc. Spiritual experiences are often reported, e.g., having received help from God or angels.
Spiritual/ Religious Experience	Delusions of grandeur are common. Individuals may view themselves as major religious figures (God, Jesus, etc.) or as receiving commands from religious figures to do grandly significant things- stop wars, etc., usually with the goals of achieving internal self-importance or recognition as special from others.	May report a connection, or even encounters (e.g., being spoken to), with spiritual figures (God, Jesus, angels, etc.), as a source of spiritual guidance or support, not to obtain recognition or increase self-importance. May report having a God-given purpose to help others, often with a realistic plan. May feel harassed or possessed by spirits or demons. May view themselves as demonic or having spiritual powers for good. May experience the spiritual presence of other persons, deceased or living, often including a spiritual connection to other children abused in rituals. May be devout in their spiritual beliefs and practices or alternatively experience anxiety or an aversion to God and religion. These attributions may be limited to particular personalities.
Experience with Famous People	Tends to be boastful, but usually vague. Even when stories are elaborate, they will usually lack concrete, specific details. Claims are often motivated by the wish to portray oneself as physically, socially, intellectually, or spiritually special.	Some individuals report abuse by politicians or celebrities. In some cases, this is reported with realistic details, accompanied by feelings of fear or disgust, and the goal is to be believed. In other cases, details are lacking and the affect suggests a feeling of self-importance, suggesting a basis in a need to feel special.

Experiences with media; TV, movies, etc.	Usually, personalizes that media are communicating threats or commands directly and specifically to the self (ideas of reference).	May report media stimuli "triggering" memories of ritual trauma or setting off mind control programming. May respond with somnolence to media stimuli previously used in programming. In some complex mind control cases, may perceive personal communication from the media.
Violence	Sudden violence can occur, with no external logical provocation, based on disorganized thoughts, hallucinatory commands, and/or the perceived need to defend the self from delusional threats. Often cannot control violent responses.	Feeling cornered or being physically restrained can stimulate flashbacks of abuse, and consequent fight or flight responses. If Borderline Personality Disorder is co-morbid, as is often the case, violence can occur within intense relationship conflict, or in response to the therapist. Response to limits on violence is generally good, unless in a state of perceived extreme threat.
Self-harm	Self-mutilation is rare. However, command hallucinations to kill oneself may put the person at risk of suicide. Suicide can also result from depression, secondary to long-term Schizophrenia.	Self-mutilation is common (arms, legs, genitals, etc), though not always disclosed and sometimes deliberately concealed. Suicide is a strong risk, subsequent to violating programming to not remember and not tell of the abuse. Suicidality can also result from depression, secondary to chronic disorders of extreme stress.
Eating Disorders and Food Aversions	Overeating and being overweight are common, often related to poor self-care, attempts to self-soothe, and side effects of medications. Fasting and purging occur, but are less common. Food aversions may occur in relation to delusions.	Fasting, binging, purging, being overweight, anorexia, and food aversions and vegetarianism are common. These often derive from experiences with sacrifices of animals or humans and/or ingestion of flesh or excretions (semen, blood, feces, urine, etc). Fasting, binging, and purging may be used to self-anesthetize or self-soothe. Purging is often re-living of trauma, or a programmed need to "re-program" the self. Some psychotropic drugs can result in weight gain.

Sexuality	There is generally reduced sexual desire, satisfaction, and access to partners. There is some tendency toward fleeting sexual encounters and sexual victimization. Long-term sexual relationships are rare. Psychotropic drugs can effect sexual desire and function positively or negatively (Fortier, Trudel, Mottard, & Piché, 2000; Raja & Azzoni, 2003).	High-functioning survivors often have sexually-fulfilling committed relationships. Sexual aversion is also common in the host personality, and in many traumatized personalities. In many cases, particular personalities have the capacity for sexual pleasure, and may "switch in" during sexual relations. In some cases, there are sexually compulsive personalities. Personalities forced into child prostitution often engage in prostitution as adults. In some cases, paraphiliac interests exist in some personalities.
Homo-sexuality and Homophobia	Homosexuality appears to occur at the same rate as the population at large (Raja & Azzoni, 2003). Males with paranoid Schizophrenia may suddenly perceive others as accusing them of being homosexual.	Many individuals have both homosexual and heterosexual personalities. Some individuals are primarily homosexual, often related to trauma based fear or disgust for the opposite sex. May report demonic presences attempting to involve them in homosexual activity.
Overall Oddness of Presentation	The cumulative effect of the above perceptual, cognitive, affective, social, and behavioral symptoms result in an overall clinical impression of a specific, Schizophrenic variety of oddness, or being "not right."	Overall presentation may be within normal range. In most cases, oddities of presentation contribute to a clinical picture that "does not quite make sense," until the ritual trauma and dissociative switching are identified. The clinician often feels that "pieces are missing," but the presentation makes sense when these factors are identified. In rare cases, dissociation and other sequelae of ritual trauma result in more profound overall subjective oddness of presentation, including oddness in vocal quality and nonverbal behavior. This uncommon form of "oddness" feels qualitatively different than that seen in cases of Schizophrenia, and becomes understandable as more subtle details of the clinical picture are discerned. For example, extreme oddness of presentation often includes acute hypervigilance, intense fear of stimuli associated with trauma, rapid switching among personalities, and executive dominance by benumbed, severely abused, previously drugged, childlike, and heavily programmed personalities.

Note: In some cases, an individual will hold both diagnoses. Childhood trauma is clearly a significant psychosocial stressor that may contribute to the neurodevelopment of Schizophrenia. And victims of ritual abuse and mind control are not exempt from the biogenetic determinants that may factor into vulnerability for Schizophrenia.

Conclusion

These guidelines provide an overview of the complex subjects of ritual abuse and trauma-based mind control, the disorders that frequently result from these abuses, factors that often contribute to the misdiagnosis of ritual abuse/mind control traumatic stress as schizophrenia, and a differential diagnosis chart for easy clinical reference to distinguish between these disorders.

An expert validation study determined that this differential diagnosis chart successfully distinguished between these two populations in most cases. Using this chart, the mean expert opinion was that 91.6% of patients diagnosed with Schizophrenia were successfully differentiated from patients with Ritual abuse/mind control traumatic stress, and that 92% of patients with Ritual abuse/mind control traumatic stress were successfully differentiated from patients diagnosed with Schizophrenia.

In complex cases, it is recommended that clinicians not experienced in ritual abuse and mind control traumatic stress obtain consultation with colleagues with specialized knowledge, in addition to use of the chart, in order to make a differential diagnosis. In rare cases, the diagnostic questions will remain difficult.

It is our hope that these guidelines and chart for differential diagnosis will help diagnosticians recognize and properly diagnose and treat people traumatized by ritual abuse and mind control, and that their frequent misdiagnosis with Schizophrenia, and the damage that often follows, will one day be a thing of the past.

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Chapter 5

Out of the Shadows: Re-envisioning the Debate on Ritual Abuse

Michael Salter

Presently there is no profession or body of literature with a comprehensive understanding of the dynamics of multiperpetrator child sexual abuse in developed nations. In the absence of an established discourse, some survivors of multiperpetrator abuse and their advocates have developed the language of "ritual abuse" to articulate their experiences and generate new models of care and self-management. The initial focus of ritual abuse discourse was on ritualistic forms of multiperpetrator abuse. Over time, "ritual abuse" has developed into a category of abuse that encompasses diverse forms of sexual violence that have been marginalised by mainstream debates on child abuse.

In the literature on ritual abuse, survivors and their advocates have tended to minimise or camouflage the commercial forms of sexual abuse experienced by survivors. This approach is common amongst Western discourses on abuse and trafficking, which are embedded within colonial constructions of the Western nation-state as "civilised", safe and free of systemic human rights violations. By reframing the organised sexual exploitation of children in terms of "cults" and perverse religiosity, ritual abuse discourse is complicit within a dialectic of denial that displaces multiperpetrator sexual abuse in the West onto minority groups and developing nations.

Child trafficking and sexual slavery are emerging as global concerns from which no country is immune. In the international arena, it is well recognised that some forms of sexual abuse by perpetrators of human trafficking are ritualistic in nature. This has yet to be addressed by policy-makers or law enforcement agencies in the West. In the twenty-first century, the challenge for those of us who work with survivors is to move beyond the stasis of hysteria, broaden our evidence base, and work towards an interdisciplinary and empirically grounded understanding of slavery, trafficking, and ritualistic forms of sexual abuse in the West.

Ritual Abuse as Discourse

Since the phrase was coined in 1980, "ritual abuse" has evolved into

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a discourse with its own vocabulary and literature. A diverse number of men and women throughout the developed world have come to identify themselves as "ritual abuse survivors." They have in common a life story of organised sexual abuse involving multiple abusers ("multiperpetrator abuse") with ritualistic features, and a range of severe trauma-related and dissociative disorders (Young, Sachs et al. 1991; Bloom 1994; Leavitt 1994; Jonker and Jonker-Bakker 1997). Survivors' health needs are complex and they characteristically go unmet, although ritual abuse survivors' interests are represented by a small number of non-government organisations, and there is an established body of psychological expertise on the treatment of ritual abuse survivors (Sinason 1994; Ross 1995; Mollon 1996; Fraser 1997; Sinason 2002). There is no authoritative definition of ritual abuse, and the term is used by survivors, and by supportive professionals and academics ("advocates"), to refer to both an abusive act, and a category of abuse. As an act, ritual abuse is generally understood to refer to sexual abuse that occurs within a ritual or ceremony, a position encapsulated by McFadyen, Hanks and James (1993, p. 37): "Ritual abuse is the involvement of children in physical, psychological or sexual abuse with repeated activities ('ritual') which purport to relate the abuse to contexts of a religious, magical or supernatural kind." In the narratives of survivors, ritual abuse is often linked to other rarely acknowledged forms of abuse, such as extrafamilial abuse, the production of child pornography, child prostitution, and paedophilic sadomasochism (Driscoll and Wright 1991; Hudson 1991; Smith 1993). Over time, some survivors and advocates have come to use the phrase "ritual abuse" as a category for any experience of sadistic or organised sexual abuse, particularly those that are marginalised by mainstream child abuse discourses.

Debate on ritual abuse has been limited largely to questions about the existence of ritual abuse and the "truth" of the accounts of survivors. This debate has been enacted in both the academic and mainstream media, with a variety of professions and opinions represented within the ideologically-polarised camps. The bulk of opposition to "ritual abuse" has come from organisations and activists who hold that a significant proportion of allegations of sexual abuse are the result of mass hysteria and psychotherapeutic malpractice. The sceptic's position on ritual abuse is most clearly articulated in the theories of "false memory syndrome" and "moral panic," which suggest that survivors have drawn on social processes (such as psychotherapy) and cultural images (witchcraft, Satanism, etc) to construct their narratives, and that therefore their narratives are confabulations (e.g. Victor 1993; Guilliatt 1996; Ofshe and Watters 1996; Showalter

1997; Nathan and Snedeker 2001). In what is arguably a misapplication of social constructionist theory, sceptics have successively decentred survivors' lived experience and repositioning their narratives—in fact, the issue of "ritual abuse" as a whole—as disembodied textual productions that can be analysed and critiqued from afar. These positions were popularised in media reports and books throughout the 1990s, and whilst both "moral panic" and "false memory syndrome" have been robustly critiqued (Herman 1995; Hunt 1997; Olio and Cornell 1998), they continue to inform public and academic debate to some degree.

There has been little thought given to the social construction of ritual abuse discourse by people who hold survivors' accounts to be largely true. Whereas sceptics have argued that survivors' accounts are entirely fabricated, survivors and advocates have treated one another's narratives as naturalistic productions unshaped by social context or cultural milieu. Nonetheless, the briefest purview of ritual abuse literature provides ample demonstrations of the progressions of survivors and advocates from wordless shock towards the language of "ritual abuse". Hudson (1994) provides an insight into the key moment in which she connected "Satanism" to the extrafamilial abuse of her young clients:

> It became apparent that neither I nor the combined experts of several local investigative agencies had previous experience with this particular form of multi-level/multi-perpetrator/multi-victim case. For instance, we understood the modus operandi but we did not have the motivation. Sexual perversion—yes. Child pornography—yes. Sadism—yes. But why? Finally, one parent said "It sounds like Satanism." I asked "What's that?"...
>
> ...If anything was going to be done to solve this conundrum, I would have to do it myself. So, since 1986, I have studied in depth the available literature on contemporary occult theory and practice. I have become aware of the destructiveness of certain cults and I have learned something of the techniques of cult-related sadistic abuse. (74)

Hudson's account is not unusual in the manner that the least explicable aspect of survivors accounts becomes, paradoxically, the explanatory lens through which the client's entire experience is viewed. Unlike child pornography and sexual sadism, ritual sexual activity eludes contemporary psychological and criminological analysis. As seen in Hudson's

case, clinicians confronted with ritualistic multiperpetrator activity have often drawn on the existing literature on cults to fill in the gap in their understanding. In doing so, they have positioned ritual as the primary, and eventually definitive, aspect of the experiences of multiperpetrator sexual abuse, which has driven the development of ritual abuse discourse.

This emphasis on ritualistic forms of multiperpetrator abuse, and the consequent designation of perpetrator groups as "cults", is problematic in that it presumes that the "ultimate end" or purpose of perpetrator groups is perverse religious worship. Survivors rarely, if ever, report that their primary experience of abuse is ritual sexual activity, and, where the belief systems of ritually abusive groups has been analysed, they appear idiosyncratic and synthetic, rather then doctrinal and systematic (Kent 1993b, 1993a; Scott 2001). The frequency of survivor's reports of non-ritualistic extrafamilial abuse, and exploitation in child pornography and prostitution, also challenges the argument that perpetrators primary motivations are religious in nature (Finkelhor and Williams 1988; Bybee and Mobrey 1993; Jonker and Jonker-Bakker 1997). For many survivors, their primary abuser was a parent or relative (Driscoll and Wright 1991; Smith 1993), and their life histories include abuse within intrafamilial, extrafamilial, ritualistic and commercial settings (Lorena and Levy 1998; Scott 2001). In ritual abuse discourse, "cult" serves as an umbrella term for these fundamentally distinct contexts of abuse, and "cult member" designates all the abusers who assault the child, whether they are family members, perpetrating group members, or paying clients of the group. Within the "cult" frame of analysis, non-ritualistic and "mundane" experiences of abuse are minimised or ignored, and all abusers are presumed to be motivated by a spiritual conviction. The available evidence does not support the notion of a homogenous taxonomy of ritually abusive perpetrators and groups presumed by this position.

Ritual abuse discourse has tended to provide functionalist explanations for ritual forms of abuse. In the literature, ritualistic forms of abuse are most often characterised as either an attempt to perpetuate a perverse belief system (Core and Harrison 1991; Ryder 1992; Smith 1993; Boyd 1996), or to control and silence children during sexual exploitation (Hudson 1991; McFadyen, Hanks et al. 1993; Pooley and Wood 1994). Both of these accounts presume that perpetrators enjoy a transparent understanding of their own motivations, and of the full consequences of their actions. This presumption flies in the face of research findings on cognitive distortion and empathy deficits in sexual offenders (Abel, Gore et al. 1989; Blumenthal, Gudjonsson et al. 1999; McGrath, Cann et al. 2004). The func-

tionalist account provided by ritual abuse discourse employs a dichotomy between belief and practice that enables commentators to avoid discussing the least palatable aspects of survivor's disclosures; the role that the body and pleasure has to play within the perpetrator's ethos of sexual terrorism and atrocity. The predominance of paraphiliac elements in ritual abuse survivors stories adds weight to Lanning's (1992) argument that multiperpetrator ritual activity is not necessarily "religious" in nature, but may be more closely related to sadistic pleasure-seeking and sado-sexual experimentation. For perpetrators, ritualistic forms of abuse may have intrinsic identity-affirming, status-building, knowledge-creating or thrill-seeking value within abusive familial or subcultural environments.

Regina Louf, a survivor of the infamous Belgium child prostitution scandal, testified to the use of ritualism within a perpetrating group, describing how children were "initiated" into the group through a drugged mock-marriage to "Satan." However, her account emphasised the polymorphously perverse sadism of the group members, who found pleasure in the transgressive nature of illegal sexual practices. Children were victimised within the group for years, although Louf challenged the notion that group members were "paedophiles" at all:

> I find the expression "paedophile network" misleading. For me paedophiles are those men who go to playgrounds or swimming pools, priests ...I certainly don't want to exonerate them, but I would rather have paedophiles than the types we were involved with. There were men who never touched the children. Whether you were five, ten or fifteen didn't matter. What mattered to them was sex, power, experience. To do things they would never have tried with their own wives. Among them were some real sadists. (Louf quoted in Bulte and de Conick 1998)

Whilst Louf's account is commensurate with narratives of ritual abuse, she resists the totalising script of "cults" and "cult members." Louf describes instead her grandmother and mother's responsibility for her sexual exploitation, the child traffickers who procured her for organised abuse, and a clientele of sado-sexual adventurers who found pleasure in "the power to decide over pain, life and death" (Bulte and de Conick 1998). The ritual activity Louf described was neither the primary function nor expression of the perpetrating group, but rather, inextricably bound up within a black market in sexual terrorism fed by abusive families.

Kluft, Braun and Sachs (1984) use the term "pseudo-normal veneer" to describe the stable, nurturing facade that many abusive families maintain to camouflage their true nature from observers. Louf's account troubles the "pseudo- normal veneer" not only of transgenerationally abusive families, but of her society as a whole. Her testimony suggests that complex criminal infrastructure can be constructed and maintained within developed nations over long periods of time to facilitate the traffic in child prostitutes and pornography, and that this trade is largely dependent on the complicity of exploitative parents. In contrast, ritual abuse discourse strenuously protects core cultural images of the "family" and "society" by displacing child trafficking and sexual slavery onto "cults", and then sublimating those crimes beneath a framework of perverse religiosity. It should not be surprising that, to date, there is not a single Western government that has responded comprehensively to the issues raised by the life histories of ritual abuse survivors. Where ritually abusive networks are uncovered, it is usually by accident rather then the product of law enforcement or surveillance (see Kelly 1998; Lyman, Johnson et al. 2005). Survivors and advocates are wont to blame this inaction on the sceptics who have discredited them and the public that has ignored them. I contend instead that the psychosocial dynamics of "ritual abuse" discourse reinforce individual and collective forms of denial, creating a hermetically sealed mechanism that contains, negates, and ultimately silences, the very voices that constitute it.

The Displacement of Sexual Slavery

Ritual abuse survivors and advocates are not alone in their reluctance to acknowledge commercial abuse and the role of the family in child trafficking in the West. These are recurring forms of denial throughout the broader debates on child sexual abuse and child trafficking. In policy and law enforcement, "the paedophile" is characterised as fixated, deviant, homosexual, more likely to have large numbers of victims and to share these victims with other offenders (Willis 1993). In contrast, sexually abusive fathers, and men who abuse girls, are considered "regressed" offenders who commit less frequent and less serious abuses "in the context of a normal sexual preference structure" (Howells 1981). These typologies were initially introduced by Groth and Birnbaum (1979), and they continue to be highly influential today, although they are based on strict distinctions between intrafamilial/extrafamilial and heterosexual/homosexual offenders have been contested by research (Abel, Becker et al. 1988; Abel and Osborn 1992).

The hegemony of a paraphiliac definition of "paedophilia" has created a disenabling environment for the serious consideration of multiperpetra-

tor and commercial child sexual abuse. When the only policy lens on child sexual abuse is mental illness, then the factors that drive multiperpetrator abuse—such as profit, subcultural norms, social bonds and familial control—become invisible. The enduring appeal of Groth and Birnbaum's typologies to policy-makers may lie in it's displacement of "real" paedophilia onto the homophobic stereotype of the extrafamilial, homosexual pederast, which neatly circumvents uncomfortable questions around the prevalence and frequency of incest within the family and sexual attraction to children within the general community. Research has consistently demonstrated that a substantial minority of "normal" men self-report sexual interest in children (Crepault and Couture 1980; Briere 1989; Malamuth 1989), and one study found that a quarter of a sample of male volunteers demonstrated physiological arousal to a child that equalled or exceeded arousal to an adult (Hall, Hirschman et al. 1995). The National Center for Missing and Exploited Children estimates that child pornography constitutes 20% of all pornography on the Internet (2003: 3), and so we can presume not only that many men are active consumers within the child sex trade, but that their interests are being catered to by profit-driven, organised groups and networks.

Despite evidence of a substantial pool of men in the community with a sexual interest in children, as well as a multi-billion dollar black market in child pornography, there has been very little research undertaken into organised abuse, child prostitution and child pornography in the West. The paucity of discussion and consensus can be seen in the absence of a standardised vocabulary to describe the phenomenon. Descriptions of multiperpetrator abuse ranges from "sex rings" (Burgess, Hartman et al. 1984), "poly-incestuous families" (Faller 1991), "trauma-organised systems" (Bentovim 1992), "multi-dimensional child sex rings" (Lanning 1992), "Satanist abuse" (Sinason 1994), "organised sadistic abuse" (Goodwin 1994), "network child sexual abuse" (Cairns 2000) and "prostitution rings" (Cambridge Area Child Protection Committee 2006). Each of these definitions accords priority to different aspects of multiperpetrator abuse, without necessarily acknowledging the complex array of relationships and abuses which constitute these cases. Very little is known about multiperpetrator abuse, the nature of perpetrator groups, or the experience of children victimised in multiperpetrator contexts. Research into multiperpetrator or ritualistic abuse has tended towards surveys of psychotherapists and clinicians regarding their encounters with survivors (Youngson 1994; Andrews, Morton et al. 1995; McMinn and Wade 1995; Bottoms, Shaver et al. 1996; Schmuttermaier and Veno 1999) or overviews of the symp-

toms and experiences of small samples of survivors (Burgess, Hartman et al. 1984; Kelley 1989; Snow and Sorenson 1990; Driscoll and Wright 1991; Smith 1993; Lawrence, Cozolino et al. 1995). Few researchers (Kent 1993b, 1993a; Itzen 1997; Scott 2001) have been willing to undertake qualitative research with survivors to explore the complex dynamics of multiperpetrator abuse and the inner world of perpetrator groups.

Lacking a well-developed empirical or theoretical base, policy-makers in Australia have formulated speculative models of "organised paedophilia" that marry the homosexual pederast of "paedophile" discourse with stereotypical, Mafia-like visions of organised crime. The Paedophile Inquiry of the Wood Royal Commission was announced in 1996 to address allegations of organised paedophile activity in the state of New South Wales, Australia. The Inquiry treated intrafamilial and extrafamilial abuse as mutually exclusive categories, and its primary focus was on homosexual perpetrators and male victims (Cossins 1999). A number of submissions were made to the Paedophile Inquiry regarding multiperpetrator sexual abuse involving female victims, familial abusers and ritualistic behaviour, and Wood's (1997) dismissal of these accounts neatly summarises the implicit barriers to understanding shared by both the public and professionals:

> While it must be recognised that apparently respectable and successful members of the community do commit child sexual abuse, a quantum leap in credibility is required to suppose that they would do so in the bizarre, ritualistic way described, which includes the infliction of serious, even fatal injury and mutilation upon their own children. (671)

Woods' response is reflective of a widespread belief that intrafamilial abuse involves non-aggressive and relatively harmless sexual acts (Stermac, Hall et al. 1989). Whilst Wood could accept that intrafamilial abuse occurs, he was unable to accommodate sadistic sexual violence within his frame of reference for parenting, the family and society at large. After dismissing testimony suggesting that intrafamilial abusers were complicit in the extrafamilial sexual exploitation of their children, Wood investigated networks of homosexual offenders without significant result.

Broadly speaking, there is an unwillingness amongst policy-makers and law enforcement in the West to consider forms of sexual abuse that challenge their epistemic assumptions about transparency and predictability of their social world, and the impermeability of its regulatory systems.

Recent allegations of ritual sexual activity and multiperpetrator abuse in indigenous communities in Australia (Jones 2006; Khadem 2006; Overington 2006; Smith 2006), and in migrant African communities in Britain (Clayton 2004; Vallely 2005; Woolcock 2005), have sparked timely responses from the government and credulous media coverage. In contrast, parallel claims of ritualistic, multiperpetrator abuse in urban communities in Australia and Britain (Brindle 1990; Humphries 1991; The Independent 1991), and the successful prosecutions of white ritually abusive perpetrators, (Shaw 1993; Tate 1994; Davies 1998; Towers 1998; Oberhardt and Keim 2004) have prompted neither supportive media coverage nor a targeted response by authorities. This differential is reproduced in the international arena, where, in 2002, the United Nations designated "the misuse of some ritual practices to intimidate women and girl victims of trafficking" as a research priority (Committee of Human Rights 2002). Other international organisations have noted the association between ritual sexual activity and child trafficking in developed nations (Beddoe 2005; United Nations Children's Fund 2005; Amnesty International UK 2006). As yet, the only international non-government organisation that publicly recognises ritualistic forms of abuse in Western countries is the International Organisation of Migration (2001). The United Nations and its agencies have remained largely silent on the matter, despite submissions and presentations on the ritualistic abuse of children in Australia, Canada, Costa Rica, England, Germany, Scotland, and the United States (Muntarbhorn 1992; Sarson and MacDonald 2004).

Accounts of multiperpetrator abuse evoke the "body horror" that accompanies the abject violation of physical integrity, a type of horror that the West locates outside itself and defines itself in oppositional relation to (Taylor 1998). Spectacular forms of violence are produced by the Western media as characteristic of "zones of fear" overseas, in contrast to the apparent order, safety, and transparency of the developed nation. Narratives of multiperpetrator and ritualistic abuse challenge this distinction, bringing "exotic" forms of violence into the normative spaces of the every-day, such as the family, day-care centres and churches. Survivors' life histories undermine faith in the efficacy of Western systems of law enforcement and governance, in the omniscient eye of the media, and in the fundamental benevolence of fellow citizens. Whilst the public, media, and policy-makers have largely rejected the accounts of survivors in urban and white communities, similar claims of multiperpetrator and ritualistic child abuse in black communities and developing nations has not met the same resistance. This differential may be explained by a prevailing anglo-

ethnocentricity that associates ritualistic and sadistic forms of violence with racial and cultural "otherness."

Across a range of discourses, the issue of multiperpetrator sexual abuse has been displaced onto gay men, black communities, and developing nations, and sublimated within homophobic and racist stereotypes. Ritual abuse discourse is complicit in this pattern of displacement with its emphasis on cults and perverse religiosity over and above poly-abusive families and commercial sexual exploitation. The actors in this dialectic of denial range from sceptics to survivors, from journalists to clinicians, from policy-makers to the general public. They may be diametrically opposed to one another within their own sphere of debate, however, what they have in common is a desire to protect and maintain the premises upon which citizens of developed nations base their understanding of their social world. The life histories of survivors of multiperpetrator and ritualistic abuse disrupt these fundamental beliefs, and discourses on child abuse and human trafficking have been shaped, at least in part, by a desire to contain and negate the full impact of survivors' disclosures.

Beyond Denial and Displacement

The 'bizarreness' of the ritual ordeal, and the severity of victims' psychological and physical distress, belies the commonplace nature of the ties that bind victims to their abusers. Ritual abuse discourse, and other discussions on child abuse and trafficking, has traditionally located non-normative forms of relationships (Satanic cults, networks of predators, etc) at the heart of organised criminal activity. However, accounts of survivors of multiperpetrator abuse (Itzen 1997; Lorena and Levy 1998; Scott 2001) paint a picture of the heterosexual family as the primary site for the organisation and camouflage of extrafamilial abuse, where a child may be prepared from birth for a lifetime of sexual exploitation by family members and their contacts. Ritually abusive groups are often constituted of two or more extended, poly-abusive familial networks who trade their children with one another and with other groups (Bentovim and Tranter 1994). Kelly notes "just as with domestic violence and child sexual abuse, most trafficking is more mundane, involving everyday, routine power and control relationships." (Kelly 2003)

Addressing multiperpetrator sexual abuse in the West requires an expanded vision of "child sexual abuse" that can accommodate notions of slavery, trafficking, and ritualistic forms of sexual abuse. "Trafficking" and "slavery" are implicitly racial constructs that are rarely applied to Western-born victims of sexual violence. There are striking similarities

between the description of child trafficking networks in Africa and ritually abusive perpetrator groups in the West. The International Organisation of Migration (IOM) notes that, in Africa, "[c]hild trafficking networks are secretive, informal, and involve rituals and cults" (2005: 83), mirroring the description of European paedophile networks provided by a German high commissioner as "secret societies" with "many different criminal organisations in active connection with each other, networks, and alliances that remain unrecognised and undetected." (Paulus 1999 in International Organization of Migration 2001: 2108) The complicity of victims' parents in extrafamilial abuse, and the involvement of female perpetrators in managing and grooming children within the abusive network, has been noted in both developed and developing nations (Finkelhor and Williams 1988; Itzen 1997; Scott 2001; Pearson 2003).

Cross-cultural commonalities in sadistic ritual activity in organised sexual exploitation of children include forced captivity, churches and shrines as a site of ritual activity, sexual assault, animal sacrifice, ritual scarification or branding, torture, the harvesting of bodily tissue or fluids to make a "blood pact" or "curse", the viewing of dismembered body parts and the forced ingestion of taboo substances such as blood (Somerset 2001; di Cortemiglia 2003; Zimmerman, Yun et al. 2003; Aghatise 2004; Amnesty International UK 2006; Houreld 2006). Terror, silence and obedience are common responses to ritual abuse amongst trafficked women and children in both the West and developing nations (Kelly 2003; Aghatise 2004). Given the similarities between child trafficking groups in Africa and Europe, it is no surprise that the IOM has found linkages between them:

> The counselling centre Zartbitter in Cologne has for years frequently learned about the exploitation of minors in the framework of satanic rituals and the production of so-called "snuff-movies." "*Children who have participated in cults report to us that primarily dark-skinned babies have been abused,*" *says an employee.* (International Organization of Migration 2001, 108–109, my italics)

Evidence from around the globe suggests that ritualistic forms of abuse are intrinsic to child trafficking and organised sexual exploitation. The precise role that ritual forms of abuse play in child trafficking has yet to be understood. Ritualistic abuse is not fully accounted for the paraphiliac model of "paedophilia" discourse, the functionalist model of ritual abuse discourse, or the profit-driven model of trafficking discourse. Fresh lens

of analyses are required to move towards an understanding of perpetrator behaviour as embodied, social and iteratively related to (rather then determined by) ideology, profit and subculture. In searching for new and more comprehensive frameworks of understanding, the multidisciplinary approaches of Scott (2001) and Noblitt and Perskin (2000) may offer a new direction. They have opened ritual abuse up to the insights of anthropology, social theory and phenomenology, and, in doing so, moved beyond the insularity that has transformed the field of ritual abuse into an esoteric psychological curiosity, patrolled by "experts," and unable to draw from, or contribute to, related disciplines and bodies of theory.

In the narratives of survivors and advocates, the trauma of the ritual ordeal has overshadowed the mundane, everyday relationships that constitute child trafficking in the West, and the banal spaces of everyday life that camouflage it. Our challenge in the twenty-first century is to look beyond the costumes, ritual props, and perverse symbolism of perpetrator groups to confront the simple, brutal forms of exploitation and financial exchange that drive the traffic in the bodies of ritually abused women and children in the West.

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Chapter 6

The Politics of the "False Memory" Controversy: The Making of an Academic Urban Legend

Carl Raschke

In the spring of 1988 a small conference was convened at the Neuropsychiatric Institute (NPI) of the University of California at UCLA in Westwood. Host for the meeting was the late Dr. Jolyn West, then chairman of the NPI. West, a controversial public figure, was also at that time one of the prime movers in the anti-cult movement, while performing various advisory or leadership functions for the Cult Awareness Network (CAN) and its more credentialed professional counterpart the American Family Foundation (AFF). In attendance were various psychiatrists, professors, and administrators, including myself, some of whom were closely affiliated with CAN and AFF. I had been asked a year or so earlier to contribute my academic expertise on New Age religion and satanism to several "research projects involving cults that were overseen by AFF.

The main agenda of the select gathering was not only to provide an occasion for the various luminaries to get to know each other, but also to discuss and eventually map out a strategic plan for a new, strictly scholarly, organization that would expand significantly the "cult studies" mission of CAN and AFF. The conferees were looking to brainstorm an interdisciplinary, or "metadisciplinary," set of tasks that might possibly embrace religion, philosophy, sociology, and linguistics—to name a few fields—over and beyond the dominant psychological model of "mind control," or "coercive persuasion," which anti-cult activists routinely invoked with almost "theological" fervor. The tentative name for the new association was the Society for the Study of Social Influence (SSSI)—phraseology that had been chosen by West himself.

I gave a "theoretical" paper that was politely received, but obviously not much understood, perhaps because it sought to change both the discourse and the disciplinary approach with which the audience was comfortable. After my presentation we adjourned for lunch at a local restaurant, and it was during the casual conversation at our table over dessert that I became a participant in a series of exchanges which seemed rela-

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tively inconsequential at the time, but in retrospect can be viewed in a much more important light.

The topic was "Satanism." The last two years of the decade of the Eighties brought the height of media coverage of satanic killings and publicized accounts by victims of what was coming to be called "satanic ritual abuse" (SRA). These trends culminated in the national shock and horror at the murder in Matamoros, Mexico during the spring of 1989 of a young Texas student named Mark Kilroy at the hands of a drug-trafficking ring that was deeply enmeshed in the occult. Because combating "destructive cults" was the mission and aim of just about everyone who had come from all over the country to Westwood, I presumed there could be little disagreement over both the scope and severity of the problem. I was wrong. One of the conference participants, who went on to publish a major book in the early 1990s lambasting what critics would term the "satanism scare," began to fume about the torrent of reports coming from therapists and clients alike concerning SRA. Without offering justification for his position (he was not a psychologist), he went on to offer a "theory" as to why the reports were suddenly flooding in. He explained them as the result of hypnotic suggestions introduced, either deliberately or inadvertently, by the therapists themselves. He attributed such a theory to the late military psychiatrist Martin Orne, though he admitted it had not been experimentally borne out. The theory had no name, but within a few short years it would be trumpeted far and wide as the "scientific" basis for virtually all the claims of SRA. The "theory" would come to be known as "false memory syndrome (FMS)."

The SSSI never got off the ground. Indeed, it was never mentioned in subsequent communications from the organizers of the Westwood conclave. But by the early 1990s just about everyone who sat around the table at that restaurant were prominently represented in numerous conferences, newsletters, and publications as proponents and advocates of FMS.

What is, or "was," FMS? The idea that something can be a "syndrome" suggests a pathology that has been observed, documented, analyzed, discussed, and accredited by the medical, or at least the psychiatric, community as a whole. "Syndromes" are usually symptomological patterns that are first recognized by doctors or other professionals, scrutinized, and tentatively explained in medical literature, whereupon other researchers assess their findings and refine what has already been set forth. After an appreciable period of time, which may be years, decades, or even generations, these accounts are validated in the professional literature and by professional review and standard-setting bodies as something that might

legitimately be dubbed a "syndrome." "False memory syndrome," however, did not go through any such development or vetting. Even to this day it has not been recognized by either the medical or psychological community as a "syndrome."

Most such current syndromes are listed in the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition* (DSM-IV), published by the American Psychiatric Association. The manual is described on its cover as the "diagnostic criteria for the most common mental disorders including: description, diagnosis, treatment, and research findings." The "false memory syndrome" of course is not listed in the DSM-IV, which an FMS proponent might argue is understandable, inasmuch as the last edition of the manual came out in 1994. But if that were actually the case, there should still be a respectable mass of published literature that would somehow provide "description, diagnosis, treatment, and research findings." FMS advocacy groups in their own minimalist way do meet the first criterion. They depict "false memory syndrome" as the phenomenon of having "false memories," which begs the question. As for "diagnosis," the slope becomes much more slippery. In the early to mid-1990s it was common for false memory zealots to contend that memories of satanic ritual abuse were somehow "implanted" by therapists in the subconscious of their patients. This "theory" derived from a loose analogy with the phenomenon of "hypnotic suggestion," which has been identified, but not completely comprehended, by psychological researchers for far more than a century.

Most "suggestion" obviously is performed systematically and logistically by the hypnotherapist, although the regular use of the concept in social psychology, particularly when applied to group dynamics, tends to be metaphoric. The early version of the exposition of "false memory syndrome" stressed that some therapists for various nefarious reasons deliberately sought to persuade their clients while in trance that they had been ritually abused as children. But generally, and increasingly over the years, the notion of an intentional induction of bogus memories blended with the older, and quite legitimate, principle that our recall after a while is often clouded by, or conflated with, more immediate images, sensations, or other incidents for which we have lost the temporal reference. This process is known as "confabulation," and a few more recent experiments allegedly "illustrating" false memory on analysis turn out to be simple demonstrations of confabulation. The so-called "shopping mall" experiment is a case in point. Common sense, rather than psychiatry, shows that memory is fallible and often concocts a certain amount of content to "fill in the holes" where details are lacking. Childhood memories are even

more problematic. The real question is whether memories can be routinely and systematically created *ex nihilo* without any biographical template behind them. According to false memory syndrome, they can, although the agency, other than "iatrogenic" or therapist-induced mechanisms, is never spelled out.

When it comes to "treatment," false memory partisans have no recommendations, let alone data. The only "treatment" of the "syndrome" would be for other professionals to deny its existence. Virtually all of the literature on "false memory" is both political and polemical. Some of it might also be characterized as "hysterical," even while FMS adherents themselves are fond of "explaining" both ritual and sexual abuse claims as due to generalized social hysteria inflamed by a sensation-seeking mass media. In an article entitled "The Memory Wars" Elizabeth Loftus, a well-known, but controversial academic psychologist currently employed at the University of California at Irvine, recounts how her discovery that memory is "malleable" led to extensive and unwarranted persecution.

"Sometimes the battle for truth in science comes at great personal cost," the article begins. "Elizabeth Loftus knows that firsthand. Her decades of research showed that memory—whether eyewitness testimony in a court or our most private and personal recollections—is malleable and easily distorted. But these discoveries landed her in the middle of a cultural war that changed her life irrevocably and continues to this day." According to her own accounts, Loftus' files were seized by the University of Washington after she investigated the personal story of an anonymous abuse survivor and debunked it in the pro-FMS magazine *The Skeptical Inquirer*. Loftus was accused by the survivor of violating her privacy and by the university of violating human subjects research statutes, which are subject to tough enforcement by the federal government. The university eventually was compelled to back down because Loftus' article in the Inquirer did not meet the strict legal test of "human subjects research." But the fracas prompted her to take another position at UC Irvine, where she continues the fight against "false memory." "It is an unsettling fact that we can manufacture, wholesale and out of pure nothingness, whole events and pasts that never occurred. This fantastical creative ability of our minds may be treasured when it produces *King Lear or War and Peace*, but it can sometimes destroy lives and families when applied to ordinary, daily life. When it comes to legal cases—and the fate of a defendant —precise memory about even the tiniest of details can be crucial."[1]

Loftus clearly has an agenda. In a way that is quite atypical of univer-

1 Elizabeth Loftus, "The Memory Wars," *Science & Spirit*, (2004) 15, 28-29.

sity professors, she has converted her once narrow academic specialty into an advocacy campaign. She has taken her battle against "false memory" out of the classroom and into the courtroom and pressroom. According to an article written by a reporter for *The Orange County Register*, the local newspaper for UC Irvine, Loftus "has testified for the defense in more than 250 cases, saying that you can't trust memory." She was even sought by the defense, according to the article, in the case of John Demjanjuk, the Ohio autoworker who was eventually found guilty of holocaust-related war crimes at the Nazi death camp Treblinka.

Fancifully and gratuitously describing Loftus as "the most influential female psychologist of the past century," the article recounts how the national press is beating down her door to get the genuine skinny on the science of memory. "Less than a month into her new job in Irvine, an "NBC Nightly News" crew is in her office. Down the hall, waiting their turn, are folks from the Discovery Channel. CNN is calling at 2 p.m. She is absolutely at ease, citing her own research, explaining in sound-bite fashion how memory, especially of a crime, gets distorted. The phone rings. 'Why do people lie in such cases?' she repeats into the receiver. 'I could guess, but I'm not an expert on lying. You're going to need to find yourself another psychologist." The Baltimore Sun reporter rethinks his position and asks another question. She begins to explain what she is an expert in. That would be the porousness of memory, how it can adapt itself to new information and make it its own; how it can be fooled; how it can invent; how it can be recounted with confidence, emotion and detail and still be wrong. She proved in study after study that the mind is not some videotape device that we can count on for accuracy and clarity. She has shown that memory is highly susceptible to seduction by suggestion. That what we remember is colored by what we expect to see, what we're told we've seen, what we want to see, what we are asked to see."

According to the piece in the *Register*, it has been Loftus' dogged crusade, particularly against "recovered memory therapy," that has "turned the tide" against the legal and common-sense view that memory is generally trustworthy. "At a meeting this year of the American Psychiatric Association, a team of panelists determined that Recovered Memory Treatment controversy was dead."[2] Well, not exactly. The website of the American Psychiatric Association has a quite different take on where the "controversy" is at present, and where it is going. A statement posted in 1996 notes that the APA's board recognizes "that the problem of separating false from true memories of abuse is compounded by the complex

2 Amy Wilson, "War and Remembrance," *Orange County Register* (Sunday, November 3, 2002).

nature of memory itself." The statement quotes then APA president John S. McIntyre. "'Human memories are not like fixed images in a family photo album. They can be shaped by a variety of influences at the time of the event and in later years."

The statement notes a number of coping stratagems of sexually abused children which "result in a lack of conscious awareness of the abuse for varying periods of time. Conscious thoughts and feelings stemming from the abuse may emerge at a later date." Furthermore, "there is no doubt that sexual abuse of children and adolescents leads to severe negative consequences, and is a risk factor for many classes of psychiatric disorders. Child sexual abuse is a public health problem that must not be swept under the rug either in the community or in the doctor's office, but must be dealt with forthrightly and responsibly." According to McIntyre, "we are especially concerned that the public confusion and dismay over this issue and the possibility of false accusations not discredit the reports of patients who have indeed been traumatized by actual previous abuse."[3] The APA has neither "settled" the memory debate, nor has it in any way signed off on the FMS version of why strange and horrendous memories are routinely "recovered" through therapy. It still stands for the most part by the official DSM-IV account of "recovered memory," codified in 1994, which clearly recognizes the legitimacy and symptomatology of the phenomenon in general. What the FMS ideologues term "recovered (i.e., 'false') memory" the DMS-IV dubs "dissociative amnesia." "Dissociative amnesia is characterized by an inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetfulness.... The reported duration of the events for which there is amnesia may be minutes to years. . . . Some individual with chronic amnesia may gradually begin to recall dissociated memories."[4]

One of the basic problems with the so-called "memory debates" is that they do not really add up to a scientific controversy at all. If "false memory syndrome" is put forth as "science," it is at this point in history nothing more than junk science. If one carefully follows the etiology as well as the rhetoric of these "debates," one quickly discovers that they constitute nothing more than claims and counterclaims by high-visibility and media-savvy protagonists, some of whom do indeed have serious academic credentials, that rarely rise beyond the level of mere opinion or conjecture. It is remarkable that the media itself, which gave wide berth to the "debate" at its onset in the early 1990s, has never bothered to examine the measure

3 See APA document online at http://www.psych.org/public_info/MEMORI~1.cfm.
4 DMS-IV, pp. 478-9

of scientific evidence, other than a few inconclusive anecdotes offered by FMS advocates who spuriously purport to have the backing of "science," on which the plausibility of the alleged "syndrome" is founded.

The "debate" has also been increasingly driven not by new experimental findings, as one would expect of a bona fide "scientific" wrangle, but by expanding rosters of PhDs who either support or discount the existence of "false memory syndrome." Sometimes it comes down to nothing more than whether a particular professor loves or hates Freud. Many would-be FMS "supporters" have no more technical competence in the psychology of memory than English professors who protest against the Iraq war have expertise in foreign policy. The polarization of the field, echoed in countless Internet websites, forums and email discussion lists, has not come about because of substantial conflicting research data about the reliability of memory. It boils down to an ongoing series of passionately moral polemics concerning whether the "true" victims of sexual and ritual abuse are those who have recovered their memories of past traumas or those who have been (wrongfully) accused as perpetrators.

As with any witness testimony in a forensic setting, much more than the content of the testimony itself is at stake. The reliability of the testimony is just as much the question. Whereas in the past the general reliability of human memory—even to a large extent "recovered" memory —was never seriously questioned, the FMS publicity campaign has had the odd effect of casting doubt on whether memory itself can be trusted. The long-term consequences of such a change of public attitude can be staggering, particularly when it pertains to rules of evidence in a court of law, since the FMS "methodology" is anchored in the raw epistemological presumption that all memories can easily be altered, or manipulated, by both witting and unwitting agents of influence.

While the limited quantity of psychological research demonstrating the fungibility of human recollection, frequently referenced by "false memory" proponents, is actually founded on intentional subterfuges crafted by the experimenter, FMS arguments take one giant, additional stride and contend that pseudo-recall is just as likely to be the outcome of unconscious intervention on the part of sundry "helping professions," or even mysterious and unquantifiable social factors such as "mass hysteria," whatever that implies. The gang-messaging in the media by FMS enthusiasts fosters the deceptive impression that a purely political ideology somehow has a solid academic foundation beneath it.

Whereas the FMS movement may have had the salutary effect of heightening skepticism about "memories" that in some cases may have

been given too much credibility in criminally convicting reputed perpetrators, the benefits have been grossly outweighed by its undercutting the role of witness testimony overall. As Martin Korn argued at an APA gathering, memory "is often the critical factor in analyzing the impact of the event and determining a suitable course. Memory is frequently fragmentary, however, and is experienced only as sensory perceptions. Subsequent life experiences may alter memory of the event. This makes accurate reporting of the event difficult. The validity of recovered memories has come under increasing scrutiny because of the possibility of false accusations. In one study, the rate of documented trauma was approximately 74% in both recovered as well as always-remembered memories. *It should not be assumed that recovered memories never occurred or that always-remembered memories actually took place."*[5]

But that assumption is increasingly becoming the norm, thanks to the FMS campaign against the authenticity of memory. One of the most acerbic and influential instruments in the FMS propaganda arsenal has been a book published in 1994 by Richard Ofshe and Ethan Watters titled *Making Monsters: False Memories, Psychotherapy, and Sexual Hysteria*. Ofshe is a professor of social psychology from the University of California at Berkeley. Watters is a self-described "freelance magazine writer" who wrote for the far-left political rag Mother Jones prior to partnering with Ofshe and, more recently, published *Urban Tribes*, a Soho-style, self-aggrandizing stab at pseudo-sociology that offers the remarkable thesis that Generation-X America is exactly like the now defunct television show *Friends*. Promoted on the book jacket as "the definitive account of the most pressing social and psychological issue of our time," *Making Monsters* is described as well as "groundbreaking science with powerful stories." Of course, the book contains very little science and it does not even bother to review even the minimal body of scientific literature on memory. Instead it is a relentless drum riff of sarcasm and innuendo, paraphrasing carefully culled news accounts of high profile abuse cases that are rarely dissected, but merely held up to gratuitous ridicule. The book takes particular exception to pop psychology and feminism in a consistently melodramatic style that leaves the misogynistic impression that women in general, and women therapists in particular, are flighty, hysterical, paranoid, or stupid, while such "hard-nosed" observers as the authors have assembled the true facts of the matter. "The promoters of recovered memory therapy have begun to claim that they are the targets of a 'backlash' organized by a well-funded

5 Martin L. Korn, MD, *Various Perspectives on Violence*, American Psychiatric Association 153rd Annual Meeting. Day 3–May 16, 2000. Italics mine.

conspiracy of forces aligned against women and victims. To be inside the recovered memory movement is to be in an echo chamber in which only information that confirms the effectiveness of the therapy and the reality of repressed memories is allowed."[6] The authors even go so far as to refer to "recovered memory" as an "epidemic" as if it were some kind of disease that their brave new "science" will, like the erstwhile scourges of cholera, yellow fever, and polio, effectively eradicate.

What do other scientists say, however, about the "science" of false memory? Apart from the false memory flacks themselves, the consensus is not overwhelmingly flattering. Ken Pope has pointed out that the notion of "recovered memory"—what was classically termed "repressed memory" —is neither an "iatrogenic" disorder nor a pseudo-science, as Ofshe and Watters contend. It is an established psychiatric theory—not just Freudian speculation—with landmark experiments and confirming data going as far back as the 1930s. Even Loftus, who has lately excoriated "true believers" in recovered memory, was once a true believer herself.[7] Rather than representing a pseudo-scientific and journalist-abetted craze of the 1980s, as Ofshe and Watters portray it, recovered memory was actually a loose consensus of the psychiatric community until the real pseudo-science of "false memory syndrome," which went to the media long before it could convince the professional world of its claims, came along.

There is serious skepticism as well about Ofshe and Watter's paradigm story to illustrate the "science" of false memory studies. In building his career Ofshe has made much of his own allegedly groundbreaking "experiment" in the late 1980s that unearthed the artifact of false memories. Ofshe and Watters recount this episode in detail in their book, which was the subject as well of Lawrence Wright's *Remembering Satan*, again published in 1994.[8] The episode involved accusations against Paul Ingram, a respected leader in the Olympia, Washington community, by his two daughters, who believed their father had sexually abused them. Ingram admitted to the crime after detectives assisted him in recovering his own memories of the incidents the two girls alleged. Ofshe was called in as an "expert" to help the district attorney make progress in the case, and he purportedly made a "discovery" about Paul's process of remembering what happened

6 Richard Ofshe and Ethan Watters, *Making Monsters: False Memories, Psychotherapy, and Sexual Hysteria* (New York: Charles Scribner's Sons, 1994), p. 200.

7 See Ken S. Pope, "Pseudoscience, Cross-examination, and Scientific Evidence in the Recovered Memory Controversy," *Psychology, Public Policy, and Law*, vol. 4, no. 4, pp. 1160-81. Loftus' defense of recovered memory can be found in G.R. Loftus and E.F. Loftus, *Human Memory: The Processing of Information* (Hillsdale, NJ: Lawrence Erlbaum, 1976).

8 Lawrence Wright, *Remembering Satan* (New York: Alfred A. Knopf, 1994).

that helped generate the discourse of "false memory syndrome."

In their abstract to an article titled "The Façade of Scientific Documentation: A Case Study of Richard Ofshe's Analysis of the Paul Ingram Case," psychologists Karen Olio and William Cornell comment as follows: "The case of Paul Ingram, a man who pleaded guilty to sexually abusing his daughters, has received widespread media attention. Richard Ofshe (1992, 1994) set forth a narrative of the case which included his account of an experiment to test the veracity of Ingram's confessions and concluded that the inadvertent use of hypnosis during Ingram's interrogation resulted in the creation of pseudo-memories that convinced Ingram of his guilt. On the basis of an examination of the original source documents, the authors discuss the errors of fact, methodological flaws, and confounding factors in Ofshe's rendering of this case of alleged child abuse. They also cite examples of the extent to which Ofshe's imperfect narrative of this case and pseudoscientific conclusions have been uncritically accepted and repeated in the literature, *thus becoming an academic version of an urban legend.*"[9]

How did this "urban legend" emerge? Ofshe and Watters give their own account of what happened, which is interesting to say the least. "While interviewing Paul, Ofshe began to suspect that Paul was not confessing to crimes he had actually committed but was self-inducing trance and imagining crimes suggested to him. To confirm his suspicion, Ofshe conducted an experiment. He invented and told Paul the story that one of his daughters and one of his sons had accused Paul of forcing them to have sex with each other while Paul watched. This accusation was entirely fabricated...Asked if he could remember the event, Paul replied that he could not...[Then] Ofshe instructed him to attempt to remember the scene. Paul closed his eyes and sat silently for several minutes and then said he was beginning to see the scene that Ofshe had outlined." Later, according to Ofshe and Watters, Paul described the confabulated scene in detail. "Presenting the written confession to Ofshe, Paul seemed almost proud of his memory work. He was confident that his memory was accurate and that the scene had take place the way he said it had."[10]

In other words, a deliberate and thoughtfully devised subterfuge of false memory induction is used to inaugurate the universal claim of "false memory syndrome." That is like saying the deliberate making of a phony bomb threat "demonstrates" that all bomb scares are hoaxes, which is of course ridiculous. As an anecdotal note Ofshe, who happened to be a

9 Karen Olio and William Cornell, *Psychology, Public Policy, and Law*, vol. 4, no. 4, pp. 1182–97. Italics mine.

10 Ofshe and Watters, p. 174.

visiting lecturer at my own university about the time of this "experiment," claimed the outcome of the Ingram case would "disprove" all satanic ritual abuse claims. Ofshe and Watters deduce from this "experiment" that the detectives interviewing Ingram inadvertently "implanted" the memories of sexual abuse in his mind, a fallacy of "scientific" reasoning if there ever was one. The common sense explanation of what happened in the Ingram case leaps out from the authors' own account. Ofshe did not merely "suggest" to Ingram under hypnosis that he had forced his daughter and son to have sex with each other. As an "expert" hired by the DA, he reported the claim—and not at all while Paul was in a trance state—as a genuine accusation. Since Paul already believed he was guilty of sexual abuse, it is not extraordinary that he might "fill in the details." The event only "proves" that Paul had an active imagination, not that he had been "coerced" into confessing a crime he did not, in fact, commit. It is not up to a prosecutor to dissuade someone from their own confession any more than therapists are supposed to tell clients they are imagining things from the past, when in fact they have no basis to draw inferences either one way or the other. The irony is that Ofshe, according to his own version of the story, could not "dissuade" Paul even by means of the subterfuge that he was mistaken about a memory that the experimenter somehow "knew" he did not commit. "While to Ofshe the experiment proved that Paul had created a false memory, the encounter had a negligible effect on Paul's faith in the memories he was uncovering...[Paul] is now serving out a twenty-year sentence in prison."[11]

As an update, Ingram was released from prison in May 2003 and required to register as a sex offender. He subsequently took a polygraph test in which he denied having sexually touched his daughters. He passed the polygraph test, which consisted of only three questions. In the meantime, an entire organization based in Spokane, Washington has been formed to champion Ingram's innocence and to publicize his conviction and incarceration as one more grievous miscarriage of justice due to the implantation of false memories. Daniel Brailey, founder of the Ingram organization, writes on its website: "This is the story of Paul Ingram, an active charismatic Christian in Washington state who was admired not only among his Christian friends at the Church Of Living Water, but also in the community, where he was a long-time Thurston County deputy sheriff and chairman of the local Republican party. In 1988 his two daughters accused him and a number of prominent men in the community of satanic ritual abuse and sexual abuse. There were months of whispered rumors,

11 Ofshe and Watters, p. 175.

extensive questioning, and finally, arrest, incarceration, interrogation, and even an exorcism to 'cast out' the evil that Paul's pastor was convinced caused Paul to perform such insidious acts. After all this Paul confessed, pled guilty without a trial, and served a lengthy sentence in a state prison. What is especially startling about Paul's case, however, is that neither he nor many people with the most knowledge of the case believe he is guilty. Instead, he has become a victim of the child abuse/satanic ritual abuse hysteria of the late 1980's."[12]

The above is stereotypical FMS rhetoric. It employs a formulaic medley of factual distortions, exaggerations, emotionally charged language and ideological codewords, pseudo-scientific assertions, indignant protestations of bigotry and persecution, mockery of religious belief, and the usual tiresome "witch hunt" metaphors to convince the reader that there can be no debating the merits of the case. No matter what the circumstances of the case, the syntax is always the same, and the plot line is as predictable as a 1920's silent movie. Everyone accused of abuse is somehow the victim of overzealous religious fanatics, who make unwarranted, irrational, and self-serving charges, which are incredibly accepted uncritically by virtually all social service and criminal justice professionals assigned to the case, who are responsible for "brainwashing" the alleged perpetrator or witnesses to the crime. This mysterious process of "mass hysteria" is then amplified in the media, which feeds back upon itself, which finally causes a total travesty of justice which the FMS people in the white hats are duty-bound to redress. By reading FMS literature one could easily draw the conclusion that the entire American justice system is no better than that of the rural south in the days of lynchings and the Ku Klux Klan. The Salem witch trials of the seventeenth century are always the touchstone for comparison.

But what really happened in the Ingram case? Writing in the *Harvard Journal of Law and Public Policy* and citing actual court documents, Paul Cassell observes: that "three psychologists testified for the state and 'generally agreed that Ingram's statements were real recollections and not the products of any alleged trances or hypnosis.' One, a family counselor hired by the defense, submitted a report 'that reflected statements by Ingram acknowledging long-term abuse of his children and involvement in 'incest, sodomy, and homosexual activity.'" According to Cassell's account, the judge in the case noted that Ingram had made his confession before interaction with therapists, or anyone capable of planting "false memories" in the way that the FMS model stipulates. He also determined that the three state psychologists were more credible in their expert testimony

12 Cited from the Internet on August 13, 2004, http://members.aol.com/IngramOrg/.

than Ofshe. Finally, he pointed out that since Ingram was a law enforcement official himself who knew all about the rules of evidence and the standards of confession, it would have been highly unlikely for him to have admitted guilt merely as a result of hypnotic suggestion. "In addition, the judge found that Ofshe conducted an 'odd' experiment in an effort to show Ingram was spouting back information fed to him by the police. While Ingram confessed to a scenario fed to him by Ofshe, Ofshe had chosen facts that 'came pretty close to what one of the victims had accused the defendant of' rather than something 'totally foreign from anything that could probably be true.' With respect to Ofshe's claim (based on 'reading a dry record') that Ingram was in an 'hypnotic state, or in a trance' when he confessed, the trial judge stated: 'I find that to be strange. I wonder if that can be done [i.e., determining that someone is in a hypnotic state from merely reading a transcript]. I have great cause for concern with that.' The judge also found it strange that two weeks after Ingram pled guilty, Ofshe contacted him. Ofshe told Ingram, 'You're innocent,' to which Ingram responded, 'No, I'm guilty.' A few weeks later, Ingram switched to agree with Ofshe."[13]

It is clear that the FMS movement is more than a purveyor of "urban legends," which are unself-conscious byproducts of human communication and information dissemination rather than a sustained agenda to disrupt the judicial process itself and to create a handy, pseudo-academic covering theory for defense cases in which witness confusion or intimidation is present. The technique is purely propagandistic and political, and exploits to the hilt the fair-minded observer's anxiety that innocent parties, regardless of the evidence at hand, might somehow be railroaded or maligned.

In the early days of the FMS campaign this propaganda tactic successfully converted growing public concern about occult-related crime, which was documented not only in news accounts but also in court records and continues to be reported worldwide, into what cult-apologist Jeffrey S. Victor cleverly named "satanic panic," arguing that various grisly murders, church and cemetery desecrations, and teenage suicides were themselves nothing more than a "legend" contrived by "moral crusaders" invoking a "scapegoating metaphor about the origins of evil forces which are threatening the moral order of society."[14] "Satanic panic" was regularly summoned as a covering theory to bolster the idea of "false memory syndrome." The sinister "Christian fundamentalist" always popped up as the counterfoil

13 Paul G. Cassell, "The Guilty and the 'Innocent': An Examination of Alleged Cases of Wrongful Conviction from False Confessions," *Harvard Journal of Law and Public Policy* (1999).

14 Jeffrey Victor, Satanic Panic: *The Creation of a Contemporary* Legend (Chicago: Open Court, 1993), p. 306. A similar position is taken by James T. Richardson, Joel Best, and David G. Bromley, *The Satanism Scare* (New York: Aldine de Gruyter, 1991).

to the paradigmatic "evil Satanist." As with all covering theories, these accounts were routinely short on data and long on bombastic "explanations." Genuine information that could be dispassionately evaluated was surgically excised. Whenever pretending to reference actual "cases," both "satanic panic" and FMS adherents always cited extreme situations, or absurd testimonies, which had already gained public visibility and later collapsed, as if somehow these straw men were somehow reflective of the whole. Their literature constantly recounts various "rumors" in rural or small-town contexts, many of which were never reported in even the local papers, but are somehow considered counterevidence to the very hypothesis of "satanic crime." After the propagandists had declared their victory over "satanic panic" in the mid-to-late 1990s, they turned their attention to "false" or "forced confessions" purportedly elicited by "overzealous" cops in apprehending notorious criminals, or serial killers. Another "epidemic" had to be staunched. In this age of terrorist alerts and the search for Al-Qaida operatives in America, the dastardly FBI interrogator will probably replace the "hypervigilant," squint-eyed Christian fundamentalist in the FMS advocate's gallery of villains.

Every scheme of martyrology, of course, must have its arch-atrocity, if not its historically defining moment. For both FMS and "satanic panic" enthusiasts that incident is the McMartin pre-school case of the 1980s. A stock prejudicial summary of the McMartin case can be found today on the website www.religioustolerance.org, operated by the Ontario (Canada) Consultants on Religious Tolerance, an anonymous for-profit organization with a major web presence that aggressively promotes the view that all religious practices, no matter how noxious they may appear, are somehow deserving of "freedom" and "respect." Although it claims to air "all sides" in any debate, the website merely parrots the FMS propaganda line with regard to repressed memories and allegations of satanic crime.

"'McMartin' was one of the first *Multi-Victim Multi Offender* (MVMO) child abuse cases," an entry on the website declares. "It lasted six years—the longest US criminal trial in history. At a cost to the state of $15 million, it was also the most expensive. No convictions were obtained. The main evidence of abuse was based on what the children testified were memories of repeated, sadistic, ritual molestation. Years later, child psychologists realized that such memories can be easily implanted in children's minds by the interview techniques which were used at the time. Since psychologists and police investigators have changed their methods of interrogating young children, no more MVMO cases have surfaced in the U.S. and Canada...The hoax adversely affected the lives of hundreds of children,

who are now young adults...Many feminists and others still believe that the children were subjected to horrendous abuse at McMartin."[15]

Obviously, the FMS propaganda would like to have everyone believe, there never was any substance to the allegations. Pre-school children, aided and abetted by their parents, the media, psychologists, and the courts, crafted an elaborate and sophisticated prank of some strange sort. "Scholars" like Victor go even further. "The ritual abuse scare is the social creation of a late twentieth century witch hunt," he pontificates. "There is no verifiable evidence for claims about a Satanic cult ritual abuse conspiracy. However, there is abundant evidence that an increasing number of moral crusaders are creating a form of deviant behavior, which exists only in their preconceptions. The victims of this rush to judgment include children who are traumatized by the emotional overreaction and repeated interrogations by well-meaning child protection workers. The victims include children who are taken away from parents who have been falsely accused of ritual sex abuse."[16]

However, a funny thing happened on the way to the propagation of another "academic urban legend" concerning McMartin. Evidence matching the testimony of the children at the pre-school was, in fact, found. The evidence was gathered by a professional archaeological team digging at the McMartin site after the trial was over. The crux of the children's testimony about ritual abuse involved their collective contention that they had been taken to ceremonial sites in tunnels beneath the pre-school. The original investigators for the district attorney's office were unable to verify the tunnel claims, and FMS advocates for years have ridiculed the "failure" to find the underground passageways which the kids swore they had traversed. The report is lengthy, detailed, highly technical, and contains numerous photographs of the tunnels that were excavated as well as some distinctly "occult" objects amid the dig, including a plate with a pentagram. "In terms of the second and major goal of the project," the report comments, "to ascertain the presence or absence of the tunnel(s) and/or underground room(s) under the preschool based on reports made by the children... the following recovered data is relevant. The feature first encountered in Classroom #1, Unit q (toilet and adjacent floor area) was followed into the Office (Unit 1) and from there to the Office toilet room...The feature that conforms scientifically to those attributes that identify it as a tunnel was the one uncovered under the northern E/W axis of the preschool...There was an identified entrance, large enough for adult human passage, leading from the surface down

15 Cited from the web on August 13, 2004 at http://www.religioustolerance.org/ra_mcmar.htm.
16 Victor, p. 117.

to the underground. It is notable that the entrance was located in the exact area that was concentrated upon by the District Attorney's archaeological excavation in 1985 due 'to the reports of the children' of a tunnel entrance and buried 'room.'"[17]

The report, finished in the early 1990s, concludes that the construction date of the tunnels is after 1966, and that the space had been "recently" filled in. "It is remarkable that the McMartin Preschool site was not properly investigated for such evidence,"[18] the report observes with an allusion to what most experts agree was a botched investigation on the part of the DA's office. "It is concluded that the District Attorney's Office archaeological project was inappropriately restricted in where excavation could take place."[19]

While a few, scattered web commentaries by FMS hacks have tried to question the credentials of the archaeological team, which requires some imagination, and to offer rather flimsy contrary interpretations of the evidence, their efforts have been unsuccessful. The short historical memory of the American public as to the McMartin case itself, the relentless propaganda of the FMS claque, and the lack of press interest in a case that legally cannot be easily re-opened, has fostered the misleading impression that the SRA controversy and the "memory wars" have been settled once and for all. The opposite is true. Now that the twin academic urban legends of a "false memory epidemic" and national "satanic panic" have run their course, it may be time for serious professionals without an intemperate ideological axe to grind to start digging again into what really happened in the 1980s and early 1990s.

17 E. Gary Stickel, Ph.D et. al.., "Archaeological Investigations of the McMartin Preschool Site, Manhattan Beach, California" (Redondo Beach CA, ACT Publications, 2002), p. 91.
18 Stickel et. al., p. 93.
19 Stickel et. al., p. 95.

Chapter 7

Interrelated Moral Panics and Counter-panics: The Cult Brainwashing Panic and The False Memory/ Ritual Abuse Moral Panic

Martin H. Katchen

Moral panic theory, first defined by Cohen (1972) and defined more extensively by Erich Goode and Nachman ben Yehudah (1994), has been a useful theoretical construct, enabling students of social deviance to explore just how it is that a given behavior becomes defined as deviant. But there are certain drawbacks to moral panic theory as Goode and Ben Yehudah define it that limits its usefulness as a research tool.

Firstly, the criterion of disproportionality (Goode & ben Yehudah, 1994, pp. 43–44) is problematic (Schneider 1985). Goode and Ben Yehudah claim that by limiting the definition of moral panic to issues where objective criteria of disproportionality are met, the concept is protected from strict social constructionist criticism. Social constructionists allege that since all views of reality are relative and subjective, there can be no "panic" since there is no objective reality against which to measure social concern (ibid. p.36). Goode and ben Yehudah claim that it is possible to remedy this defect by using objective criteria of disproportionality including 1) exaggeration of figures in claims of the seriousness of the problem 2) the attention paid to a given social problem exceeds the attention paid to another social problem whose damage is as great or greater according to objective criteria such as lives lost or economic cost and 3) whether the attention paid to the problem is greater than it has been before or after without an equivalent change in the damage caused by the problem (ibid. p. 42). The problem with this definition is that there is little evidence that social concern is mobilized any differently in cases where Goode and ben Yehudah's criteria of disproportionality are not met. Panic is an emotion and a pattern of behavior and it is possible to see it in situations where a vigorous response is seen to be appropriate as much as when a vigorous response is seen in retrospect to have been inappropriate. Wilson Goode points up the fact that in the War on Drugs, which has spanned eight decades, certain procedures for fomenting a moral panic were followed. The enemy (drugs, drug dealers, and sometimes drug users) were made into

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folk devils. Atrocity stories about drugs were told. Politicians and activists from Henry Anslinger (banning marijuana in 1937) to New Jersey Governor Christine Whitman (prosecuting needle exchanges) engage in moral entrepeneurship, profiting politically by the issue. And the prohibitionist response to the problem, according to Wilson Goode, is greatly disproportionate to the actual harm that illicit drugs cause, as the Swiss recently concluded when they agreed by referendum to supply heroin to addicts.

The problem is that moral panic is also fomented in response to problems, which are severe and serious, by any objective standard. The lead-up to World War II was marked by the demonization of Nazis and "Japs," which resulted in Japan being embargoed for its refusal to withdraw from China. Atrocity stories (true) about the Rape of Nanking were told in the press, with similar atrocity stories being told in press and film about the Nazis. The movie *Casablanca* is a good example of propaganda which just happened to be largely true aimed at mobilizing public opinion in favor of American involvement in World War II. And Winston Churchill and Franklin Delano Roosevelt acted as moral entrepreneurs, gaining politically as they convinced their respective countries that war was justified. And there are far fewer grounds for the opinion that the British and American decision to fight Nazi Germany and Japan was disproportionate to the problem the aggressive behavior of those two nations posed to the peace of the world. We see the same procedures for fomenting a moral panic, including making the enemy into a folk devil, atrocity stories and moral entrepeneurship being followed in both examples.

Secondly, moral panics rarely exist independently of one another. Moral panics do not necessarily end either by vanishing without a trace as the consensus for it evaporates or by becoming routinized or institutionalized. In many cases, moral panics can end because the behavior of those moral entrepreneurs identified by the public with the moral panic can be perceived by the public as outrageous enough to create a moral counter-panic against the moral entrepreneur and the original moral panic. Such was arguably the case when the public behavior of Joseph McCarthy in his crusade against domestic Communism in the US became so outrageous as to create a moral panic against McCarthyism. A more contemporary example was the current moral panic against the Clinton Administration and the counter-panic fomented by the Democrats against Kenneth Starr and the Republicans who were prosecuting the President.

Moreover, this process need not and often does not occur sequentially. Just because another group of people defines a group of people as deviant does not mean that that group of people being so defined will passively ac-

cept that definition. The response to being defined as deviant very often results in the group that would be defined as deviant to attempt to mobilize to rectify that status by creating a moral panic against the first group (impeaching the prosecutor). Thus one can have ongoing mutual moral panics between elements of society or between different societies with each being seen as the folk devil of the other. This is especially true in cases of war between nations. In fact it is difficult in an age of mass communications and mass mobilization to sustain a war between nations without generating a moral panic among one's citizenry against the designated enemy.

Thus to abandon the disproportionality criterion for moral panics makes the concept of moral panic much more useful as a tool of analysis than to attempt to limit the definition to cases where disproportionality can be proven to exist. To restrict the definition as Goode and Ben Yehudah have done requires the researcher to prove disproportionality in order to use moral panic theory. Conversely the researcher must use the other criteria in order to prove that the amount of energy given to a particular social problem is disproportionate to the problem and thus to ridicule a social problem as a moral panic. This may be useful if the researcher is engaging in polemic, but it can be intellectually dishonest. The disproportionality criteria restrict the utility of a concept that can be quite useful in understanding a wide variety of social situations where mobilization occurs. The expanded definition of moral panics is thus more illuminating and therefore more useful to the social scientist.

An analysis of the interrelationship between the moral panics over brainwashing in the 1950s, the debate over brainwashing by "destructive cults" in the 1970s and 1980s and the moral panics over satanic ritual abuse and false memory syndrome will serve to illustrate this point. Brainwashing, cult brainwashing and false memory syndrome form a chain of moral panics which are in many ways linear successors of one another, with the ideology of each moral panic being used as a foundation upon which the next is built. To understand one as the successor and in some cases, adversary of the other can illustrate how moral panics interrelate with one another.

Prelude: War in the Age of Ideology

World War I marked the end of the 19th Century Age of Imperialism. During the 19th Century, Western nations had competed with one another for power and influence and to carve out spheres of influence in the rest of the World. The dominant social ethos of that time was nationalism with a greater or lesser degree of representative government. Loyalty to

one's country was accepted as a given.

The devastation of World War I opened the door to a number of very different models of social organization. Beginning with the formation of the Soviet Union out of the Russian Empire in 1917–1921, states began to be formed and previously existing states shaped by ideologies. These ideologies were coherent belief systems that purported to justify new methods of social organization and state formation on purportedly scientific premises. These ideology based states were often (though not invariably) highly authoritarian with political power and authority centered in a relatively small group of people (or party) that purported to be the most advanced or vanguard elements of the new society according to the ideology.

The formation of the Soviet Union according to the ideology of Marxist- Leninism proved to be only the first of the modern ideological states. It was quickly followed by Italy under Mussolini's fascist ideology. Later, during the Great Depression, Germany became an ideological state under Nazism and Japan under its Kokutai or Imperial mythos. Still later, the Marxist Leninist People's Republic of China would be formed under the leadership of Mao Ze-dong.

The United States became an ideologically oriented nation at this time as well, although without the anti-democratic social organization of the Soviet Union or the other previously listed states. During the Progressive Era, an ideology developed that melded the social conscience of the Social Gospel Movement of Rauschenbusch and others with the logical positivism of Thomas Dewey and the missionary internationalism of Woodrow Wilson. Eclipsed during the 1920s by nativism and isolationism, this ideology fell once more into favor during the 1930s during Franklin Delano Roosevelt's New Deal.

All of these ideologies emphasized the importance of mobilizing the people that made up their societies to work hard and sacrifice for a better tomorrow. To accomplish this, all these ideological societies, using the theory of Georges Sorel, constructed unifying myths. This myth could be world socialism in the Soviet Union, lebensraum in the case of Nazi Germany, or even the revived vision of a world without war in the United States during the World War II years. In each case, keeping one's countrymen believing in the ideology and the mobilizing myth became a key concern, particularly when ideologically based nations moved to war with other ideologically based nations.

September 1st, 1939, marked the beginning of a conflict between ideologies and belief systems that was to last fifty years, until the fall of the Berlin Wall and may yet be resumed. During this conflict, both Germany

and the U.S. made heavy use of guerrillas, local partisan units and fifth columns. Germany formed many Waffen SS units from captured prisoners-of-war. Moreover, even in the United States, Nazi-sympathizer groups such as the German-American Bund agitated against American entry into the war right up until Pearl Harbor. Nazi psychological warfare capabilities began to concern the Allies. This concern was heightened after the defeat of Nazi Germany, when it became apparent that the Soviet Union would not accept American world hegemony and intended to continue the ideological struggle.

Moral panics rarely begin with mass mobilization. Before a situation can be seriously considered to be a problem serious enough to merit a mobilization or moral panic response, the original moral entrepreneur must first sell a discrete segment of the community or institution on the seriousness of the problem and mobilize it. In the case of brainwashing, the initial approach and moral panic was within the military and the budding intelligence community in the United States and Great Britain. Serious concern over the ability of enemy intelligence services to psychologically manipulate American servicemen into collaborating with the enemy led to psychological research aimed at manipulating enemy servicemen as well as preventing one's own forces from being manipulated during World War II. As part of this early effort, tests were made for a truth drug that could loosen reluctant tongues, which included such agents as barbiturates, cocaine, scopolamine, and cannabis (Lee & Shlain, 1992 p. 3–5). As early as (1944), George Estabrooks, Professor of Psychology at Colgate University was claiming that it was possible through the use of hypnosis to induce what we now know as Dissociative Identity Disorder. Estabrooks thought that this could create more effective intelligence operatives who could maintain "covers" and not reveal classified information under torture because they would be amnestic for their other life unless triggered by a code word (Estabrooks, 1944). There is evidence that the Office of Naval Research during World War II (Ross, 1996) employed George H. Estabrooks and that he was well respected by colleagues that included Ernest Hilgard and Martin Orne (ibid, 1996, p. 8). Orne would later feature prominently in the cult brainwashing moral panic and the False Memory Syndrome moral panic.

At the same time, more basic research was taking place into the effects of trauma on the human central nervous system. This research would make up one of the bases for both the brainwashing moral panic of the 1950s and the cult brainwashing moral panic of the 1970s and 1980s as well as much of the current scientific understanding of the effects of trauma. William Sargant attempted to apply the behavioral observations

of Joseph Pavlov from the early 1900s to the urgent question of how to best treat what was then called combat fatigue and what is now known as post-traumatic stress disorder.

> Sargant's research interest centered on what Pavlov called "brain inhibition or transmarginal inhibition (Sargant 1957). Sargant, paraphrasing Pavlov, states that both animals and people go through three stages of transmarginal inhibition before final emotional collapse. In the first stage, the equivalent stage, all stimuli of whatever strength will produce the same emotional response. In the subsequent paradoxical stage, smaller stimuli will produce a greater response than a bigger stimulus. (Sargant 1957 p. 11–12)

Finally, in the ultra-paradoxical stage, long-standing behavioral patterns change. A normally docile dog will bite its master. A prisoner may adopt the ideas of its captors. And a religious conversion may take place.

Sargant's initial work in this area involved the treatment of what was then called combat fatigue and what is now called Post-Traumatic Stress Disorder. Sargant, along with Grinker and Spiegel found that the treatment of PTSD by drug or hypnotic abreaction led to a much better prognosis. Later, Sargant generalized his theories to include a physiologically reductionist theory of religious conversion which was then applied to the issue of brainwashing.

The Korean War Brainwashing Panic

From the October the West had perceived Revolution in Russia in 1917 onward, Communism as a fundamental threat to world peace and order. Indeed, the struggle between capitalism and communism was along the lines of a religious war. The early 1940s were an interlude in this struggle.

World War II had forged a united front between the United States, Great Britain and the Soviet Union against the common threat perceived to have been posed by Nazi Germany. Immediately thereafter, it became apparent that the Soviet Union was not about to acquiesce to Anglo-American world hegemony. Communist governments were set up throughout Russian occupied Eastern Europe. When the one democratic and unoccupied nation in Eastern Europe, Czechoslovakia, fell to a Communist government in 1948 and a Communist insurgency threatened to overthrow the government of Greece, President Harry Truman committed the United States to contain communism and resist its spread. A moral panic began in the United States

against Communists, foreign and domestic.

In the meantime, events in East Asia were to deepen the atmosphere of moral panic in the United States considerably. The Chinese Communist Party discovered in the 1930s that the way to power lay in the creation of a moral panic against "bourgeois" elements in peasant villages. These elements included the traditional village gentry as well as rich peasants. These elements were identified as class enemies and denounced as such (Hinton, 1966 p.112).

One of the reasons the Chinese Communists were effective was that they had mastered the group dynamics of group criticism and group self-criticism. This they practiced amongst themselves before going out among the peasants and workers and teaching it to them. Everyone from class enemies to prospective cadres were obliged to publicly confess their shortcomings and to hear, also in public, humiliating criticism from the audience (Hinton, p. 335-368). In doing so, they learned in a highly traumatic fashion to reinterpret their lives according to Marxist Leninist doctrine. In this manner, a person's thoughts could be reformed.

This process, properly named szu-hsiang-kai-tsao, translated as ideological remolding or thought reform (Lifton, 1961 p. 4) proved to be highly effective, not just with peasants and local landlords, but often even with captured officers of the hated Kuomintang. Following the successful takeover of China by the Communists (which took the West totally by surprise) in 1949, the Chinese began to apply the techniques to Westerners who had remained in China and were accused of espionage. From there, it was a short step to applying thought reform to captured American prisoners-of-war. As China fell to Mao Zedong's People's Liberation Army and Russia exploded its first atom bomb, ending the American nuclear monopoly, the atmosphere of moral panic in the United States deepened. When the communist government of Kim II Sung, which had been established in North Korea by the occupying Russians attacked the American sponsored government of Synghman Rhee in South Korea in 1950, the US succeeded in gaining United Nations approval for military action against North Korea.

Domestically, the United States was at the time preoccupied with recriminations about who lost China to the Communists and who sold US nuclear bomb secrets to the Russians. The situation became more serious when the United States entered the Korean Conflict in 1950. By 1952, captured American pilots began to make confessions that they had been engaged on biological warfare missions that involved spreading disease through such means as germ infested leaflets and straw chaff dropped from

aircraft. There is some evidence that these allegations might well be true (Endicott & Hagerman, 1999).

With Senator Joseph McCarthy making accusations that the U.S. Army was infested with Communist agents, explanations for the behavior of captured airmen, whether valid or not, were necessary. Those explanations were not long in coming.

Members of the intelligence community and military had been concerned over the potential vulnerability of servicemen and others to coercive persuasion since the early 1940s. Now that concern began to be expressed in a relatively candid fashion to a press and public that was predisposed by sympathy and solidarity with America's fighting men to accept it.

The first popular account of "brainwashing," which was derived from the Chinese term "hsi nao," literally to "wash brain," was written by Edward Hunter who wrote in 1951, *Brainwashing In Red China: The Calculated Destruction of Men's Minds.* Hunter was a CIA employee who had joined the CIA at its inception in 1949 and formerly had been a propaganda specialist with OSS. He worked under Frank Wisner in the Office of Policy Coordination (Scheflin & Opton, 1978, p.226). Thus the popularization of the term brainwashing in the form that it took amounted to a CIA sponsored moral panic.

In August and September of that year, following a truce and major prisoner exchange (Operation Big Switch), a team of psychiatrists and psychologists began to interview the returning POWs on the troop ships that took them home. They were transported home by ship rather than by air as the first group of POWs in Operation Little Switch had been (April 1953), in order to provide time for them to be interviewed and become readjusted to life in the United States according to Robert Jay Lifton (1956). According to Lifton, military psychiatrists were impressed with the degree of isolation and apathy that was apparent in the earlier group of returned POWs.

This group of psychologists from Walter Reed Army Hospital Institute of Research included Edgar Schein and Robert Jay Lifton, who would write the two seminal texts on coercive persuasion in 1961, *Coercive Persuasion* (Schein) *and Thought Reform and the Psychology of Totalism* (Lifton), as well as Margaret Thaler. Margaret Thaler, after adopting the married name of Singer would go on to distinguish herself as a moral entrepreneur in both the cult brainwashing and false memory syndrome paradigms while Robert Jay Lifton would distinguish himself a prominent moral entrepreneur in the cult brainwashing paradigm in the late 1980s.

The results of the interviews conducted on the General Pope, the troop ship that brought the former POWs repatriated under Operation

Big Switch home did not begin to see print until 1954. Robert Jay Lifton's (1954) initial report was primarily descriptive, emphasizing that most POWs "played it cool" by detaching themselves from the experience. Repatriates were described as "...dazed, lacked spontaneity, spoke in a dull monotone with marked diminished affectivity. At the same time he was tense, restless, clearly suspicious of his new surroundings" (Ibid, p. 735) and both collaboration and resistance were explained in terms of a common reaction of resistance to authority (Ibid, p. 736).

Lifton's article came out against the backdrop of the downfall of Senator Joseph McCarthy, who had attacked the U.S. Army as being infested with Communists. This proved to be a complete falsehood. However, the POWs returned to an Army that had been stung by these allegations and needed to vindicate itself. A moral counter-panic against the Communist Chinese that emphasized the atrociousness of its treatment of its POWs, medicalized the deviance of the 14.8% of the POWs who collaborated to the extent that they were recommended for court martial or dishonorable discharge (Segal, 1954, p. 32), and treated them as victims met the Army's political needs far better than well publicized court-martials of collaborators would have in 1954. Thus the returning POWs met a far more sympathetic reception than they might have had they been accused of collaborating with the Nazis while prisoners-of-war eight years earlier. The stresses that POWs had been under and their reaction to them were an objective fact as Lifton documented and as other researcher would document in 1956 and 1957. But the spin that was put on the POW experience was a social construction to meet a particular social reality.

Thus we see Harvey Strassman and Margaret Thaler's documentation of the apathy reaction to severe stress that most POWs exhibited during their captivity (Strassman et al., 1956). Edgar Schein documented the Chinese indoctrination program as a form of re-education (Schein 1956). And I.E. Farber and Louis Jolyon West (who would later also be prominent in both the anti-cult American Family Foundation and briefly the False Memory Syndrome Foundation) wrote of a condition of learned helplessness similar to hypnosis brought about by "debility, dependency and dread" (Farber, et al. 1957).

One can easily see that the brainwashing issue was constructed in such a way as to best benefit the U.S. Army at the time. The returning POWs in Operation Big Switch were sequestered from reporters and public long enough for them to be debriefed by sending them home by ship. This minimized the possibility that some former POWs would say something that would embarrass the Army and get themselves into a great deal

of legal hot water, such as saying how good and how lenient the Chinese were, let alone engage in apologetics for Communism. This would have been particularly a problem in the case of unintegrated attitude change (which we would now call dissociated attitude change) in which the repatriate would make statements to the press confessing their crimes and extolling the Chinese, but sounding like a broken record (Schein, 1961, p. 162). People who had integrated the prison experience into their value system, according to Schein tended to be concerned about being selfish and adopted a collective outlook on life without switching allegiance to Communism (ibid. p. 166).

It was a good thing for the Army and the POWs that they did beg many questions because in the late 1950s, a great many questions were being asked of them. Hearings on Communist interrogation and exploitation of American military and civilian prisoners were held before the Senate Committee on Government Operations in 1957 and on Commiunist psychological warfare before the House Un-American Activities Committee in 1958. The issue of communist Chinese brainwashing gradually began to subside in the late 1950s. China was far away and the US had no intentions of attacking it and the POWs had long since returned to civilian life. The US Armed Services and intelligence communities took the lessons of the Brainwashing panic to heart and devised means of training personnel to resist it. The CIA continued its research into brainwashing and behavior control with increased funding through project MKULTRA as a result of the panic. By 1960, the moral panic over a Communist fifth column had abated. But brainwashing was to become ironically. an element in the critique of the conservative anti-communist, conformist society of the 1950s by a resurgent left.

The Brainwashed Confession Moral Panic

Robert Jay Lifton and Edgar Schein both published books on brainwashing in 1961. Lifton's work, *Thought Reform and the Psychology of Totalism* (1961), is best known for an analysis and definition of the factors which make a given environment or milieu a thought reforming milieu. Edgar Schein in his work *Coercive Persuasion* focused on the assault on the identity and self-concept in the person being thought reformed. Schein's model revolves around the basic assumptions that the beliefs, attitudes and behavior of an individual tend to be integrated with each other and organized around a person's self-worth or self-concept. One changes an individual by attacking the person's self-concept and preventing the person from reestablishing equilibrium except by changing in the desired direction (Schein, 1961, p. 119).

Both Lifton's model and Schein's model furnished yardsticks by which a given situation could be measured as being a coercive one. And by the early 1960s American society was increasingly being criticized as being inequitable, controlling and conformist. Edgar Schein wrote of treatment of patients in mental hospitals as having elements of coercive persuasion (Ibid. 1961, p.273). This critique was amplified in 1962 by Ken Kesey in his best selling novel *One Flew Over the Cuckoo's Nest*. Kesey dealt with the resistance of a sociopathic petty criminal named Randle P. McMurphy who had survived a Chinese prison camp and how he resists the coercion to conform of the forces of society as epitomized by the Big Nurse, Miss Ratched. Later, it would become a part of the New Left critique of American society.

But it was in the area of police confessions that the brainwashing paradigm had its most immediate and concrete effect on American jurisprudence and society. And from the issue of coerced police confessions would ultimately come the issue of police hypnosis which would create definitions of hypnotic coercion which would help define the recovered memory debate of the 1990s.

Already in October of 1954, the United States Supreme Court had ruled that a confession in which a defendant, already physically exhausted by a day and night of police confession was broken to an almost trance-like submission by a skilled psychiatrist who was knowledgeable in hypnosis (Leyra vs. Denno, United States Reports 98L.ed. 952). This precedent had not stopped police from continuing to devise more and more sophisticated techniques for extracting confessions from subjects. Some of these techniques borrowed extensively from what had been learned from the Russians and Chinese (Scheflin & Shapiro, 1989, p.46). Nevertheless, the door to the use of hypnotic techniques to secure confessions was not fully closed until 1966 when Miranda v Arizona put strict limits on police questioning of defendants without the presence of attorneys (Ibid.). In making an issue (and a minor moral panic) over the use of involuntary hypnosis against criminal defendants, civil libertarians kept the brainwashing issue alive. Throughout the 1970s, coincidental with the rise of the cult brainwashing paradigm, civil libertarians would oppose plans to use coercive persuasion to rehabilitated convicted criminal defendants. Later, in the early 1980s, the use of hypnosis to enhance the memory of witnesses would become an issue as well because of the question of whether hypnotically refreshed memories led to confabulation and the acceptance of false facts. This issue would contribute to the moral panic environment in the false memory syndrome moral panic.

The Cult Brainwashing Moral Panic

During the 1960s, a violent reaction on the part of young people set in to the conformity and repression that their elders had created during the 1950s. This reaction was in many ways, a backlash on the part of the Left. The failure of McCarthyism began to be used more and more to criticize the political conservatism that had been prevalent in the United States since 1948. In this, they were aided by a growing concern for civil rights of minorities. A discussion of the evolution of the 60s is beyond the scope of this paper but an evolution took place in the attitudes of parents toward their children as their rebellion manifested itself.

Initially, parents tended to be supportive of their children's stands on behalf of Civil Rights in the early 1960s. As the youth movement evolved into an anti-war movement, parental attitudes became more ambivalent. The GI generation had grown up with an obligation to go to war, however, in the case of college age young people, the thought of having one's child's education and career interrupted by a stint in the Army was daunting to many parents, especially when draft deferments were canceled as the war dragged on.

Parents were far less enthusiastic about their children's experimentation with psychedelic drugs as they became popular in the late 60s, but again, balanced a wish to keep their children drug free against a fear that they could go to jail. But as the youth counterculture came under greater and greater attack during the late 1960s, changes occurred that marked the beginning of a parent centered moral panic against the new religious movements that their children began to turn to as an alternative to psychedelics.

For beginning in 1969, the response to this opposition increasingly became to join communes and withdraw from society (Gitlin, 1988). For their part, the communes were subjected to an increasingly stringent weeding out process. Communes which were liberal in outlook tended to dissolve in conflicts about how to accomplish day to day existence while communes which were authoritarian and controlled the thought and action of members tended to be more likely to survive (Zablocki, 1978).

At the same time, young people were belatedly reaping some of the rewards of their activism in a way which would dismay many parents. Although the Vietnam War continued on, largely unabated, young people were granted a sop in the form of a lowered age of majority. The age of majority had traditionally been set at 21 since the Middle Ages. Historically this had been in order to secure a seven-year period in which a 14-year-old artisan could serve as an apprentice. This convention meant that college age youth were to be considered minors for most of their undergraduate

careers. *In loco parentis restrictions* such as college residence curfews and other restrictions on sexual behavior had traditionally been a reflection of this perceived minority of college age young people.

But by the late 1960s, students, along with agitating for an end to the Vietnam War, were also agitating for a lowered age of minority and the repeal of *in loco parentis restrictions* such as dormitory and college curfews. Previous generations had respected these restrictions in order to protect young women from the disgrace of premarital sex and pregnancy. But the Baby Boomers saw them as a violation of their civil rights. Politically these requests were relatively easy to grant. Thus the late 1960s resulted in college age students increasingly financing their own education through government grants and loans, living independently and often cohabiting with members of the opposite sex, and increasingly being treated as adults from the age of 18 onwards. The 26th Amendment to the U.S. Constitution that lowered the voting age to 18 nationwide sealed this trend (although it would be reversed with regard to the drinking of alcohol in the 1980s).

Parents thus had little recourse when faced with the prospect of their offspring whom they had invested at least eighteen years of love and care in joining and remaining in highly authoritarian religious movements that denied their parents' values, often to the point of fascism. When one examines the background of the development of the Anti-cult Movement and the willingness of middle class parents to often go beyond the law to gain access to their adult children, one must remember that most of them, particularly in the 1970s, still felt that adulthood began at age 21.

It was at that point that parents of members of Children of God contacted a public relations liaison officer with then Governor Ronald Reagan named Ted Patrick. Following the attempted recruitment of his own sons, Patrick decided to infiltrate the Children of God when a delegation of parents reporting similar occurrences asked him to act in his official capacity of ombudsman (Patrick, 1976, p. 43). Patrick found a pattern of behavior that was for him an old story. Growing up poor and black in Chattanooga, Tennessee, with a speech impediment, Ted Patrick found himself prayed over by every black preacher that passed through town, including such luminaries as Sweet Daddy Grace (Patrick, 1976, p.226). In the African-American community, many preachers tended to behave almost as feudal lords, gathering up the limited resources of the community, dispensing resources and favors to supporters, and keeping a goodly proportion to feather their own nests (Williamson, 1986, p. 55). For Ted Patrick, as with most black Americans, the exploitative black preacher or cult leader was almost a cliche. Everyone knew churchmen behaved like

this. When he was engaged for the first time to deal with white parents with children in Children of God, Ted Patrick found another cliche to be true. Problems of this nature, like drug abuse, tended not to be taken seriously by the white power structure until it affected their own children.

After his attempted infiltration of Children of God, Ted Patrick began to research brainwashing, (Conway & Siegelman, 1978). Following the successful deprogramming of his son (Ibid), Ted Patrick, in his capacity as the then Governor of California Ronald Reagan's Community Relations Liaison, had been contacted by a number of parents of young people who had joined Children of God (Patrick, 1976). It is unclear whether the parents who initially contacted Patrick were black or white. But Patrick's initial response was straight out of the Civil Rights Movement. The abduction of young people from the Children of God by their parents was intended as an act of civil disobedience, just as a sit-in at a segregated lunch counter was. Placing the newly deprogrammed ex-member before the TV cameras with his or her parents was calculated to highlight the abuses of the Children of God. Prosecutors would be forced to a choice between prosecuting parents for kidnapping their children and moving against the Children of God.

In this, Ted Patrick was behaving as a moral entrepreneur. Like most African-Americans of his generation, Patrick had come of age with the crusade and tactics of Dr. Martin Luther King. To Ted Patrick, kidnapping a child from a Children of God commune was as appropriate an act of civil disobedience as participating in a sit-in at a segregated lunch counter. In both cases, the objective was to raise an issue to public consciousness and foment a moral panic among the public. If arrested, he hoped that prosecutors would be forced to choose between prosecuting him and the adult child's parents and focusing in on the excesses of the Children of God.

If the idea of kidnapping young people out of cults was an act of civil disobedience out of the Civil Rights struggle, the techniques that Ted Patrick used to deprogramme devotees were straight out of William Sargant. Although Ted Patrick attempted to redefine deprogramming as reversal of brainwashing, the emotional confrontations with ex-members that Ted Patrick orchestrated while they were confined in basements or motel rooms amounted to the induction of abreactions. Just as Pavlov would increase the stimuli on his dogs to the point where their conditioning would be nullified and Sargant would get his patients to relive and abreact their wartime trauma, Ted Patrick forced an abreaction of the soon to be ex-member's "cult" experience. Patrick utilized angry confrontation of the new member's beliefs and the presence of the member's parents to raise

the members' emotions to a crescendo. Inasmuch as the abducted devotee's new beliefs were generally not integrated, he was usually successful in forcing the devotee to switch back to the pre-cult personality under stress. If the devotee did not switch back to the cult personality or fragment after the pressure was off, the deprogramming would be successful and the now ex-member would not return to the group.

The similarity between what is done in involuntary deprogramming and the stressful recruiting methods of new religious movements has been noted by Solomon (1980, p.168). It becomes difficult to argue against the position that if what high-demand religious movements do in inducting their members is brainwashing, then forcible deprogramming, by objective behavioral criteria is not re-brainwashing. The deprogramming had to end at some point and the devotee or ex-devotee might then be free to return to the "cult." This did not however negate the fact that trauma was inflicted on the person without his or her prior informed consent both by the totalitarian religious movement and by Ted Patrick. Moreover, the question of whether the individual had a free choice after a forced deprogramming was a valid one. Just as cults have their shibboleths and thought terminating clichés to prevent members from questioning the values of the groups, so do families. The deprogrammers might be gone, but familial pressures might remain. Objectivity and free choice are difficult to guarantee under conditions of emotional blackmail, whether by religious movements or by parents. For that matter, it is questionable whether objectivity and free choice existed for the liberated Korean War POWs. They faced court martial, dishonorable discharge and possibly prison in the United States unless they accepted the Army's version of their reality.

Perhaps this equivalence between the tactics of cult groups and that of Ted Patrick can help explain the pattern of ambivalent passivity and nondecision making by policy makers and authorities which frustrated Ted Patrick in the early 1970s. It was this pattern of inaction and nondecision making that led to Patrick's decision to engage in deprogramming as a full time occupation, and which has characterized the "cult" issue until the 1990s. Non-decision making is, according to Bachrach & Baratz(1970), "...a means by which demands for change in the existing allocation of benefits and privileges in the community can be suffocated before they are even voiced; or kept covert; or killed before they gain access to the relevant decision making arena; or failing all those things, maimed or destroyed in the decision-implementing stage of the policy process" (Bachrach & Baratz, 1970, p.44).

Nondecision-making can involve according to Bachrach and Baratz

"one that invokes an existing bias of the political system—a norm, precedent, rule or procedure—to squelch a threatening demand or incipient issue" (Bachrach and Baratz, 1970, p. 45).

This form of nondecision-making has characterized the "cult" issue for the past 20 years. When Ted Patrick attempted to secure action against the Children of God, California authorities demurred, claiming that any effective action would violate constitutional First Amendment protections of freedom of religion (Patrick, 1975). When Children of God and later other groups attempted to secure action against Ted Patrick and other deprogrammers, they ran into a wave of public sympathy for parents and deprogrammers. Most people in the United States tended to believe and still do, in the validity of the brainwashing hypothesis (Richardson & van Driel, 1990). This sentiment has translated into a reluctance of prosecutors to take action against deprogrammers unless the person "deprogrammed" returns to the high demand religious movement and presses charges against them. Even when this happens, juries have until very recently tended to acquit deprogrammers, who have historically been given wide latitude to defend themselves under "choice of evils" statutes that exist in most American jurisdictions. Finally in the late 1980s, deprogramming abductions were made largely obsolete by more efficacious strategic intervention work. This work was pioneered by Steven Hassan (1988) and begins with the exit-counselor coaching parents on how to enhance communications with "cult" offspring in preparation for an intervention that is voluntary in the sense that the offspring is not physically prevented from leaving the scene. The intervention involves counseling the offspring to remain outside the high demand religious group for a period of re-evaluation. This has had the effect of reducing the legal exposure of parents and deprogrammers which was still by no means negligible.

Lawsuits against deprogrammers have tended until very recently to result in low judgments against deprogrammers. Lawsuits against high demand religious movements, although appealed vigorously and often reduced on appeal, have tended to result in high judgments. In this manner, the stalemate between "pro-cult" and "anti-cult" forces have been played out against a backdrop of non-decision- making on the issue by policymakers.

The brainwashing theory as applied to religious movements received a major boost in 1974 with the arrest, brainwashing defense, and subsequent conviction of newspaper heiress Patricia Campbell Hearst. Ms. Hearst had previously been kidnapped by the Symbionese Liberation Army, a Marxist 'terrorist' cell. Following months of captivity in a closet while held by the SLA, Ms. Hearst joined the SLA in fear for her life and

subsequently proved her loyalty to them by participating in the robberies of a bank and a sporting goods store. After a nationwide year long manhunt, Ms. Hearst was apprehended and charged. Her defense on the grounds of brainwashing was unsuccessful, but finally resulted in a pardon three years later from newly elected President Carter. The trial of Patty Hearst focused national attention on the issue of brainwashing in a way that had not previously occurred since the Korean War. The expert witnesses in the case included Margaret Thaler Singer, who soon rose to prominence as the leading professional spokesperson for the Anti-Cult Movement (Singer, 1979).

Besides involving Margaret Singer in the Anti-Cult Movement, the Patty Hearst case brought the brainwashing paradigm back to public consciousness and demarginalized the Anti-Cult Movement. But it was the Unification Church and its participation in the Koreagate Influence buying scandal that kept it going for several years and the Jonestown tragedy, for several more, into the 1980s. In the early 1970s, fear of an American withdrawal from South Korea led the South Korean government to authorize an unprecedented campaign to buy influence in the US Congress (Boettcher, 1980, p. 85). As part of this campaign, Reverend Sun Myung Moon was authorized by the South Korean government to expand his church and business empire in the United States. By 1973, when Moon relocated permanently to the US to supervise the growth of the Unification Church, the U.C. was attracting thousands of college age middle class people to its lectures and workshops. These often led to full time membership, which involved young people dropping out of universities and pursuing careers as itinerant candy and flower sellers. Outraged parents hired deprogrammers to recover their offspring, generally with a high degree of success. The atrocity tales that these young people told coincided with concerns by congressional liberals that Korea actually had the temerity to buy influence in the US Congress the way the US bought influence in many foreign nations.

By 1976, the deprogramming of Unification Church members was becoming more than just harassment. Deprogramming was actually doing serious damage to the San Francisco branch of the Unification Church. In San Francisco, forcible deprogramming of members of the U.C. and other groups became possible under ex-parte temporary guardianships. A chain reaction effect developed, in which people who were deprogrammed and rehabilitated contacted the parents of their friends who remained in the Unification Church and persuaded them to have their friends deprogrammed out (Underwood & Underwood, 1979). The effect of this rash of depro-

gramming induced defections appears to have been effective well out of proportion to their numbers. This particular group of Unificationists seems to have functioned as a middle management clique in the Oakland Church, which was highly successful in the United States and being groomed for national leadership. (Mose Duerst, the head of this "family" later became the President of the Unification Church in the United States). By decimating the middle management of the Oakland Family of key people, this rash of deprogrammings appears to have stung the Unification Church into mobilizing serious resources into defense against deprogramming.

Thus, civil libertarians and social scientists that were critical of deprogramming were mobilized to defend the civil liberties of members of the Unification Church. Common cause was made between the Unification Church (which follows a de facto Christian Reconstructionist theology developed 20 years before Gary North, the Pentecostally oriented Children of God and the Church of Scientology, which in many ways is a reprise of 2'd Century gnosticism. That these ideologies were diametrically opposed to one another did not prevent cooperation against the common threat. This new Alliance for the Preservation of Religious Liberty was not successful in stopping the Cult Brainwashing moral panic, which gained new impetus after the Jonestown tragedy. But with the help of the ACLU, APRL was successful in overturning the use of California guardianship law for deprogramming purposes, although guardianships continued to be obtainable in other jurisdictions well into the 1980s and abduction deprogrammings, which peaked in numbers in 1984, continued into the mid 90s. But the 1990s brought an increasingly hostile environment for Cult Awareness Network. This was occurring for several reasons.

To begin with, the Cult Awareness Network was becoming increasingly irrelevant. It started as an umbrella group of parents who were concerned about the propensity of their upper- middle-class offspring to join totalitarian new religious movements. While this had been a major concern during the 1970s, which was the tail end of the Boom Awakening period, Generation X, which came to maturity in the 1980s was not as inclined to join high demand religious movements. In fact they weren't inclined to look for religious solutions to their problems at all. The Awakening period had passed.

More fundamentally, the early 1990s was a period of great skepticism toward big government. Government intervention had been the preferred remedy to social problems by the GI generation in general and was Cult Awareness Network's preferred remedy to the problem of high demand religious movements. But government intervention is something that

Baby Boomers are extremely ambivalent about on a variety of issues, and government intervention into religious matters is a difficult issue for Baby Boomers.

During the last years of the 1980s and first years of the 1990s, Cult Awareness Network continued, growing less and less relevant. The issue of satanic ritual abuse turned out to be one, which Cult Awareness Network proved unable to deal effectively with. Although there had been deprogrammings of young people from occult groups as early as the 1970s, the first educational lecture on Satanism was conducted by Linda Blood at the 1984 CAN Annual meeting. By 1989, CAN was conducting its first seminars on satanic ritual abuse, and finding it difficult to formulate coherent strategies for dealing with the issue. CAN was not set up to deal with people from abused backgrounds, many of whom had Dissociative Identity Disorder. Work with teenage dabblers was something that CAN was more familiar with, and that was the aspect of Satanism that CAN ultimately focused on.

Behind the difficulty that CAN had in coping with the emerging satanic ritual abuse issue was a set of biases that defined what CAN was and was not. First and foremost, Cult Awareness Network was an organization of parents of cult and sect members. It was not an organization of ex-members themselves and ex-members never had control of the organization.

As such, it was set up to deal with the concerns of parents, who were generally upper-middle class. Its primary means of helping families involved the counseling of parents in the means of maintaining communication with adult offspring against the day when it would be possible to counsel the offspring. This would be accomplished either by abducting them, holding them when they came on a visit, or counseling them voluntarily when they left or were disfellowshipped from the cult or sect they were in. This counseling typically involved a one to three-week intervention followed by a month to two-month period of rehabilitation. The format greatly resembles the Hazeldon Method for treating alcohol and drug abuse, which also became popular at that time.

What this meant was that CAN had little to offer walk-aways from cult groups, many of whom had been born and raised in them. These people often have very deep-seated psychological problems, including Dissociative Identity Disorder, that cannot not be resolved within a two-month period of rehabilitation. And this was especially true of many people who were alleging that they had survived ritual abuse at the hands of satanic and other black magic cults.

Moreover, Cult Awareness Network was becoming more and more critical of various forms of psychotherapy. By the mid-1980s, CAN contained a growing contingent of casualties of pop psychology movements such as Erfiard Seminar Training (EST) and Lifespring. While people coming from these groups did not, for the most part become involved in false memory issues, they taught CAN members that psychotherapy groups could abuse clients and patients with serious results (Singer & Ofshe 1989; Singer, Temedin & Langone, 1990).

This resonated with the fact that there are cults and sects who have ex-members who affiliated with CAN that apparently do foster false memories in people. Former members of Transcendental Meditation have reported having a belief that they have seen people levitate while in the movement; a belief that is seen to be false and delusional once the ex-member has left. And Scientology, in the course of its auditing procedures convinces people that their problems and illnesses are the result of trauma in previous lives, which can be cured by the recovery of memories of the trauma in the course of auditing.

On a professional level, Margaret Singer had found there to be more demand for expert testimony in the area of psychotherapy "cults" than there was for testimony against high demand religious movements simply because therapy cults are considered more lucrative by personal injury lawyers in the United States(Richardson, van der Lans & Dirks 1986). Psychologists are legally required in many states to carry malpractice insurance leading to the possibility of a relatively quick and easy contingency fee settlement. Third party malpractice insurers are not willing to spend years litigating a case over a matter of principle. Moreover, psychiatrists and psychologists usually do not have the financial wherewithal to sustain lengthy litigation, even if they have, in fact been profiting by making patients and clients emotionally dependent on them and controlling them thereby.

By contrast, well-heeled totalitarian religious movements have historically proven to be harder targets for plaintiffs. They have the resources to exhaust lawyers considering litigating against them, are able to make cases against them drag on for years with appeals, and often have fanatical followers capable of many harassing acts against plaintiff and counsel alike. This can have an effect on the number of cases an expert witness will receive of psychotherapy "cults" as opposed to religiously based "cults."

This may go a long way toward explaining how Margaret Singer developed a jaundiced view of the recovery of memories of abuse. Singer's clinical experience stretches from the troop ships that carried the Korean

prisoners of war home to the current cult controversy and on into the false memory syndrome issue. In the course of her career, she has had the occasion to see several thousand clients for relatively brief periods. Most of them appear to have been paid for by parties other than the client, either parents in the case of cult aftercare or attorneys in the case of expert witness cases. Most were treated unethically by the groups that they exited including many who were the subject of unethical treatment by licensed psychotherapists.

On the other hand, Singer did not appear to have had much clinical experience with adults who were abused as children. She has done extensive work of a more conventional nature in Borderline Personality Disorder with Otto Kemberg (Singer, 1975). Singer can thus be seen as the product of her career and experience. She has experienced cases where groups and therapists have appeared to induce false memories in her clients. She has not experienced cases in which parents did the same or worse and she has had experience working with dissociative disorders. Accordingly, her denial of the existence of Dissociative Identity Disorder (Singer & Ofshe, 1995) in which she postulates and proceeds to demolish her construction of "robust repression" is understandable given the nature of her clinical experience, if somewhat bigoted.

Accurate research that document the last days of Cult Awareness Network has yet to be undertaken, but anecdotal information suggests that in the early 1990s, CAN became split by the false memory issue, roughly along generational lines. The issue seems to have pitted older CAN veterans such as Margaret Singer who saw cultic tendencies in what they called 'recovered memory therapy' against younger exit counselors and former members of high demand religious movements. Many of these former members, such as Joe Szimhart, Kevin Garvey and Linda Blood, have had experience counseling ritual abuse survivors. The split seems to have left CAN divided and unable to face the political realities that existed after the Waco debacle.

What role CAN played in the decision of the Bureau of Alcohol, Tobacco and Firearms and the FBI to make a case against David Koresh remains a matter of a great deal of controversy. There appears to be evidence that CAN gave advice to the FBI in the Branch Davidian case, but there is also evidence of allegations by others, notably Marc Breault. Certainly CAN cannot be held responsible for FBI attempting to force David Koresh to surrender in front of his entire flock rather than waiting to arrest him on one of his trips into town, which precipitated the siege and conflagration. But Waco defined as an atrocity galvanized large segments

of the Christian Right into a potent, aggressively anti-federal-government coalition with civil libertarians, opponents of gun control and ultimately, it would seem, the Church of Scientology.

Certainly Waco seems to have had a great deal to do with the willingness of a fundamentalist Christian sect to accept the help of Scientology in a class action suit against CAN which finally succeeded in linking it to a failed deprogramming. And it may have been a factor in the jury's returning of a high verdict against CAN, which had the effect of bankrupting it and leaving its name, office and files in the custody of the Church of Scientology. And although efforts are being made to resurrect the Anti-Cult Movement, in no large part due to the efforts of ex-Scientologists such as Larry Wollersheim and Dennis Ehriich, no one can be sure what will come of it or what form it will take.

The Satanic Ritual Abuse Moral Panic

Scientific research is seldom confined for long to the purposes for which it was originally conducted. The research into trauma and its psychological effects was no exception. Out of the same research by Sargant (1941,1957), Kardiner (1941, 1945) and Grinker & Spiegel (1943,1945) had come a basic understanding of human reaction to stress and trauma. This understanding had been expanded upon during the 1950s by research into coercive persuasion, like that by Edgar Schein, Robert Jay Lifton, and Louis Jolyon West among others. Concurrently, a tremendous amount of research had been conducted into hypnosis by such luminaries as Martin Orne (1951,1959) and Ernest Hilgard (1965) to name but a few.

By the end of the 1970s, Ernest Hilgard had been led by his research to revive the concept of dissociation. This concept had been pioneered by Pierre Janet and largely discarded by several generations of psychologists and psychiatrists who had been taught by Eugen Bleuler's texts to subsume the existence of multiple personalities into hypnosis while simultaneously treating manifestations of it as evidence of malpractice of hypnosis. Flora Rheta Schreiber (1973) had documented Cornelia Wilbur's treatment of a woman with Dissociative Identity Disorder using psychoanalysis. By 1980, with the publication of DSM-111 and the formal dissociation of the diagnosis of Multiple Personality Disorder from schizophrenia, the way had been cleared for research and treatment of DID to move forward.

By this time also, social conditions had changed markedly. Perhaps the most radical changes that the 1960s and 1970s had wrought were in relations between the sexes. The Sexual Revolution coupled with the Wom-

en's Movement had changed social norms to the point where most women were working outside the home and incest was no longer an unspeakable subject. Coupled with this was an acceptance of child abuse as a social problem instead of the traditional acceptance of brutality against children, physical and sexual as a social necessity. And at the same time due to the efforts of the Anti-Cult Movement, people had been educated to see sects and cults as potentially dangerous and controlling of their members.

So when Michelle Smith and Lawrence Pazder (1980) wrote a book about Michelle's alleged childhood experiences growing up in a Satanist coven, it sparked an outpouring of similar stories and the beginning of a moral panic. Therapists began to hear more and more stories of ritual abuse while recovering memories from patients. And horrific stories of abuse in day care centers began to circulate as well.

The idea that there are cults that practice sadistic acts on children is paradoxically plausible from an anthropological and historical point of view and implausible from a sociological point of view. There is historical evidence of the existence of human child sacrifice (Tierney, 1989) and of diabolism (Katchen, 1992; Henningsen, 1980 p.15). On the other hand, witchcraft is considered to be a social stereotype by which societies define ultimate evil and therefore a phantasy (Cohn, 1975). This view informs much social scientific thinking on the subject of satanism and ritual abuse (Victor 1993, Ben Yehudah, 1985).

The two paradigms strangely enough are not mutually exclusive. Gustav Henningsen, despite the evidence that witchcraft was, at least in the case of the Basque region that he studied in depth were an anti-religion and a construct bearing no basis in reality (Henningsen, 1980, p. 94) accepts the existence of Satanism. This he considers to be much different than the world of the witches and which he considers having yet to be subjected to a thorough and sober investigation (Henningsen 1980 p. 4). In support of the existence of Satanism, Henningsen offers several secondary sources including Gerhard Zacharias (1964), Caro Baroja (1961), Francis King (1970), and Henry T.F. Rhodes (1954) as well as two instances of actions taken against collective Satanism (in 1653 and 1803) which he found in primary sources in the Spanish Archivo Historico National (Henningsen, 1980, p. 440).

It is necessary to bear these facts in mind while examining the ritual abuse "panic" of the 1980s and 1990s, for a similar situation exists with regard to ritual abuse in the 1990s.

It is fallacious to suggest that no physical evidence of ritual abuse has been found. Physical evidence has been found of rituals occurring where

ritual abuse survivors claim they have occurred on numerous occasions (Greaves, 1991, p. 66-67). Highly publicized evidence of ritual cult murder of people has been found on a number of occasions, the most well known of which was the Matamoros cult killings in 1988 although the group's rituals were Afro-Cuban /Aztec rather than Anglo-Celtic Satanic (Schutze, 1989). And at least in Great Britain, the Beacon Foundation, a Christian ministry serving the needs of ritual abuse survivors identified several occult organizations by name, alleging that they had engaged in ritual abuse. These organizations included the Temple of Set, the Ordo Templi Orientis, Temple of Olympus (aka Ordo Astrum Serpentis) and Temple of Britannia (Beacon Foundation, 1991, p.9).

On the other hand, evidence of a classic moral panic can also be found in the controversy over satanic ritual abuse. Many people working in the area of ritual abuse come from a pre-millennial Pentecostal Christian perspective and they have often made untenable claims. Allegations of a worldwide-unified satanic antichrist conspiracy (File 18 Newsletter #92–3 p.4) have generally been disproved (Langone & Blood, 1990). Some rather spectacular stories of ritual abuse that were based upon a Christian perspective were disproved in the late 1980s and early 1990s. These allegations, included those of Dr. Rebecca Brown (1986, 1987) whose account was proven to be a hoax (Blaskett 1994) and Mike Warnke (1972) who recanted his allegations about being initiated into Satanism in the 1960s (Passantino, 1992). Ritual abuse however, throughout the 1980s and into the 1990s was one of the few issues in which premillennial fundamentalist Christians could not only find common ground with feminists who were normally their mortal enemies, but also cooperate on a day to day basis.

To be sure, there were tensions between the two perspectives. Far more serious however, was the tension between the forensic perspective and the therapeutic perspective in documenting ritual and any other form of sexual abuse that had become apparent by the mid-1980s.

The role of psychotherapist and the role of forensic investigator are incompatible with each other. The therapist's duty is to facilitate healing in his or her client or patient. This can mean accepting the patient's narrative truth as valid for the patient at least and helping the patient work it through within the therapeutic relationship. Critical judgment on the part of the therapist is likely to impair the therapeutic alliance between therapist and patient (Greenberg & Shuman 1997, p. 52).

In contrast, the forensic evaluator is hired either by a defendant's attorney or by the State or Crown or by the Court. His or her job is to be

neutral and objectively evaluate the psycholegal issues involved, including the mental state of the defendant or plaintiff/complainant and the objective facts of the case. For the forensic evaluator narrative truth is merely a vehicle that may or may not get one to the historical truth. And the historical truth is paramount (Ibid.)

By the late 1980s, it was becoming apparent that the two roles were in conflict in many cases of child sexual abuse and ritual abuse.

In the case of children, social workers with minimal or no formal training in social work (B.A. or Associate Degree), no training or background in investigation or police work and heavy caseloads were increasingly being expected to gather evidence for use in criminal proceedings. They often had few or no guidelines (Brown, Scheflin & Hammond p.7). As the focus shifted from identifying children at risk of abuse and intervening appropriately to finding fault and making cases against perpetrators, social workers were increasingly expected to act as police and decide whether or not allegations were valid (Ibid.) Excesses inevitably occurred and in the late 1980s increasingly such investigations were tarred by defense attorneys as presumptive of guilt (Ibid.). Excessive and often suggestive interviewing techniques were used, including systematic leading and misleading questions and even direct coercive tactics that confirmed preexisting biases regarding allegations. These sloppy interviewing techniques often enabled perpetrators to go free because the child witness was irretrievably contaminated and increased the rate of false accusations of abuse that never occurred, which was damaging to innocent parties (Ibid., Ceci & Bruck 1995).

Therapists who were treating adults with sexual and ritual abuse were being thrust into forensic roles as well.

Child protection professionals, police and psychotherapists attempted to cope with this apparent epidemic of satanic abuse which either had recently developed or had existed beneath the surface of society for years. The results were mixed, to say the least.

Teenage dabblers and self-styled satanists were readily uncovered and prosecuted (Raschke 1990). Attempts to convict day-care center operators were more problematic. Convictions were obtained, such those of Frank and Ileana Fuster who were convicted of sexually abusing children in their charge in the context of Santeria rituals (Hollingsworth 1986). But other cases, particularly the McMartin Day Care Center case in Manhattan Beach, CA resulted in long trials; the McMartin Trial remains the longest court trial on record and ultimately resulted in acquittals for all defendants. Defenses centered on raising the issue of suggestive and

often intimidating interviews of children by child protection advocates. It would be fallacious to say that allegations of ritual abuse are totally unfounded, because by the mid 1990s, a number of convictions for murder in the context of religious rituals had been rendered and sustained on appeal. These cases included *People v St. Joseph* (226 Cal.App-3d 289) *Penick v.State of Indiana,* (AppelleeNo. 17200-9404-CR-389) and *Sexton v State of Florida,*. (No. 86,132 July 17, 1997). Other convictions in which satanic ritual abuse was proven involved sexual assault charges such as *State of Utah v. Alan B. Hadfield* 788 P2d 506 (Utah 1990) *Commonwealth of Pennsylvania v. Rickie Jay Gaddis,* 432 Pa. Super. 523; 639 A.2d 462,)In *the Matter of DANIEL "DD"' et al.,Alleged to be Abused and-Neglected Children530* N.Y.S.2d 314 (A.D. 3 Dept. 1988, 530 N.Y.S.2d 314 and State Of North Carolina v. Patrick S. Figured 1446 S.E.2d 838. In all of these cases, the facts of the case involved ritual abuse. In all of these cases, the facts of the case were proven beyond a reasonable doubt to a judge or jury. In all of these cases the verdict was upheld on appeal. And the list is by no means exhaustive.

While the issue of ritual abuse in child day care contexts was being fought out in the courts in the mid-1980s, there was great optimism regarding the treatment of Dissociative Identity Disorder in adults. It appeared that the treatment of DID through abreaction of traumatic memories offered new hope for patients who had previously been diagnosed as difficult to cure Borderline Personality Disorder patients or even Schizophrenics. Because this care was thought to involve highly traumatic abreactions piled one on top of another, DID was treated on an inpatient basis at private psychiatric hospitals. These hospitals welcomed the clientele. Health insurance providers, for their part, were willing to pay for treatment which offered hope of curing patients who otherwise might make repeated suicide attempts that would result in trips to emergency rooms and claims against insurance companies. And in a significant number of cases, abreactive therapy was highly effective. The issue of multigenerational ritual or sadistic abuse, which apparently was responsible for many of the cases of DID being treated was not nearly as easily resolved. Therapists were increasingly being expected to act as forensic evaluators of their patients and the two roles conflicted with one another. The acceptance of the patient's internal world that is necessary for a psychotherapeutic relationship to develop is not conducive to the sort of critical evaluation of a patient's testimony that forensic evaluation requires.

Patients for the most part do not go to therapists seeking to bring abusers to justice. They go to therapists seeking relief from symptoms

that are making them miserable. And when patients, particularly patients with Dissociative Identity Disorder, recover memories they tend to recover those memories that are relevant to their current misery. Those memories are often in the form of disjointed flashbacks and bodily sensations. Joyce Seyse Dorado gives an example:

> Cynthia's first recognizable memory was of her father forcing oral sex on her. Prior to this memory for as long as Cynthia could recall, about once a month just as she was falling asleep, she would have a sensation in her mouth, a feeling that her mouth was full, with an object that was "soft on the outside" but "hard"" underneath the soft outside. After she remembered the abuse, she recognized the sensation as a physical reexperiencing of an erect penis inside her mouth, which she believes was her father's penis during sexually abusive incidents."(Williams & Banyard 1999 pp. 103–104)

During the process of therapy, disjointed dissociated memories such as this are pieced together in the form of a narrative. In this way, they are processed so that they become part of the patient's autobiographical memory. In this manner, the patient is able to put some distance between him or herself and the memory and place it in perspective alongside other life experiences.

Errors can develop during the process of integration of traumatic memory. Memories are not always accurate. Sometimes neither the patient nor the therapist can be totally certain of the identity of a perpetrator, such as when a patient's back is turned to the perpetrator during the course of the abuse. Other times, two or three different abusive incidents by two or more different perpetrators may be confused. These are not necessarily a serious issue in therapy. Therapeutic closure and healing can take place if the patient is mistaken about details such as this. But it can lead to tragedy and miscarriage of justice when an attempt is made to hold an alleged perpetrator legally accountable. And when therapists attempt to be the forensic evaluators of their own patients or when they attempt to push the pace of therapy, often in order to finish before the patient's insurance benefits run out, these errors can be magnified.

The situation is even more difficult when religious or magical ritual is part of the abuse and the abuse anchored in a coherent belief system. In situations such as this, with multiple perpetrators acting in pursuit of

a "higher" objective, to be credible the patient must recall not only the abuse and the identity of the perpetrator but the belief system as well. It is common for abuse survivors to recall enough detail to credibly hold single perpetrators accountable for discrete incidents. But when abuse becomes routine and persists throughout the patient's childhood, as is often the case when patients develop Dissociative Identity Disorder, it becomes harder to identify discrete incidents and easy to confuse them. And when abuse involves organized perpetrator groups, and particularly religious ritual, details that would serve to identify the group and its belief system often are not reported or are reported very poorly.

This can occur for several reasons. Firstly, the patient recalls those things that they are the most therapeutically relevant. Details of ritual that would help to identify places, specific times, perpetrators and beliefs often are not therapeutically relevant, particularly since much of the abuse that was most traumatic can occur in early childhood when such things are not understood. And finally, organized perpetrator groups or black lodges or black magic cults can protect the group and its teachings by including false details for lower level members or deliberately including fantastic details that are unbelievable. The patient's perceptions can be confused by the use of drugs and deliberate manipulation of the patient's dissociated states and the patient can be intimidated against revealing the inner teachings of the group. The patient can even be given false details to divulge if the pressure to divulge something becomes too great.

Given the pitfalls that an organized secretive group can lay, it is not surprising that few organized groups have been uncovered in their entirety or have their existence conclusively exposed even when enough evidence is found to indict and convict some individual perpetrators. The typical reports of ritual abuse survivors that have been reported in print involve generic satanic practices that may well be a cover for the true beliefs of a number of different groups. The reports of Ross (1995) and Noblitt & Perskin(1998) are notable exceptions, and have involved patients from a number of diverse groups including vodun sects, Ku Klux Klan rituals and neo-pagan or druidic rituals. Stephen Kent(1993a, 1993b, 1994) has found while analyzing the reports of ritual abuse survivors, variations in reports of Satanism that enable one to discern fundamental Christian or Mormon origins. But these are recent exceptions to the rule.

It is not surprising therefore, that as the 1990s progressed, that a backlash against the recovery of memory gained momentum and became a moral counter-panic all its own. This backlash, the False Memory Syndrome moral panic, would amplify concerns that were developing over

memory recovery and synthesize them with the destructive cult paradigm that had been developed in the 1970s.

The False Memory Syndrome Moral Panic

By 1992, the concern over sexual abuse including ritual abuse had generated a moral counter-panic; one which treated parents accused of sexual abuse of their children as innocent victims rather than their offspring. This was the False Memory Syndrome moral panic. The False Memory Syndrome Foundation was founded in 1992 by Peter Freyd, a Mathematics Professor at University of Pennsylvania and his wife, Pamela. Their daughter Jennifer is a Professor of Psychology at University of Oregon. In 1991, Peter and Pamela attempted to enlist Jennifer's aid and support for the False Memory Foundation. According to Jennifer, when she declined to do so, her parents contacted the Psychology Department at University of Oregon and attempted to persuade the department to deny her tenure. It was only then, that Jennifer Freyd publicly denounced her father as a sexual abuser.

Besides the Freyds, the initial membership of FMSF included Ralph Underwager and Hollida Wakefield, Dr. Harold Lief, a personal psychiatrist of Peter Freyd's, Martin Orne, (who had been active both in research into misuse of hypnosis, as we have seen, and research into brainwashing) and Margaret Singer (who as we have seen both participated in the original research into brainwashing of American servicemen during the Korean War and was heavily active in the Cult Awareness Network). Thus, from the start, the FMSF included strands from at least three other moral panics.

These moral panics are: 1) the witch hunt against paedophiles moral panic 2) the coerced confession/misuse of hypnosis moral panic and 3) the cult brainwashing moral panic. With the exception of the first, these moral panics have been covered earlier. Table 1 describes the intellectual affiliation of members of the FMSF Advisory Board of 1994 who have been active in these preceding moral panics. It is by no means an exhaustive list but it serves to illustrate the influence in terms of key personnel of these other movements, particularly the Cult Brainwashing moral panic.

Name	Korean Brainwashing	Coerced Confessions	Cult Brainwashing	Misuse of Hypnosis	Persecution of Paedophiles
Fred Frankel				X	
David Halperin			X	X	
John Hochman			X		
John Kihlstrom				X	
Richard Ofshe			X		
Campbell Perry				X	
Martin Orne		X		X	
James Randi			X		
Theodore Sarbin				X	
Margaret Singer	X		X	X	
Elizabeth Loftus		X			
Hollida Wakefield					X
Louis JolyonWest	X		X		

There has been an intellectual tradition defending paedophilia throughout the 20th Century. In the 19th Century, John Eddington Symonds (1964) defended paedophile practices by pointing out that the Greeks engaged in it. More recent defenders of paedophilia include J. Z. Eglinton (1964), Brongesma (1986), Sandford et al. (1991) and Feierman (1990) who notes the prevalence of paedophilia across many cultures.

With the publication of the *Kinsey Report* in 1948, a veneer of behavioral science was added to the voices advocating the legalization and legitimation of sex between adults and children. The *Kinsey Report* would be considered unscientific and unethical according to contemporary standards of research. Kinsey's research was unscientific because he refused to publish the actual questionnaire that he used (Reisman 1998, p. 57, his research was subject to systematic errors of unknowable magnitude due to selective sampling bias and the use of a sampling population that was radically different from the composition of the white male population (Ibid. p. 58, Cochran et. al 1954) and discrepancies in his sample leave 57% of his male research sample unaccounted for (Ibid. p. 53). Kinsey violated the research ethics of his time as well as contemporary research ethics by coercing answers from research subjects (Ibid. p. 63) and by the use of genital experiments including filming the sexual stimulation of children (Ibid. p. 66). This not only involved the inclusion of data on orgasm at very young ages that had been collected by paedophiles who collaborated with the Kinsey Institute but included validation by senior Kinsey institute staff including Paul Gebhard, Wardell Pomeroy and Albert Kinsey himself (Ibid. p. 146-148, Masters et. al. Kinsey p. 177).Yet his research methodology received remarkably little media scrutiny when it was published in 1958 and 1953 and informed the intellectual thought of several generations of Americans.

The message that Kinsey promoted was that paedophilia and incest, among other sexual activities were essentially harmless. A generation of paedophiles took the message to heart, particularly once the decriminalization and demedicalization of homosexuality gathered steam. Indeed, many of the early Gay Rights activists such as Harry Hay (Timmons p. 296), Tom Reeves (In Pascal 1990 p.47) and David Thorstad (founder of the Gay Activist Alliance) were open and avowed paedophiles and Reeves and Thorstad were founders of NAMBLA (North American ManBoy-Love Alliance) in 1978 (NAMBLA Bulletin September 1992 p.2).

In the False Memory Syndrome Foundation, Ralph Underwager and his wife, Hollida Wakefield, represented this stance. Underwager has made a career out of appearing as an expert witness on behalf of people accused of sexual molestation and impeaching the credibility of children testifying

that they were abused. In 1991, Underwager and Wakefield interviewed with Paul Geraci, the editor-in-chief of *Paidika*, a Netherlands based magazine advocating paedophilia. Underwager was quoted by *Paidika* as saying:

> Paedophiles spend a lot of time and energy defending their choice. I don't think that a paedophile needs to do that. Paedophiles can boldly and courageously affirm what they choose. They can say that what they want is to find the best way to love. I am also a theologian and as a theologian, I believe it is God's will that there be closeness and intimacy, unity of the flesh, between people. A paedophile can say: "This closeness is possible for me within the choices that I've made." Paedophiles are too defensive. They go around saying "You people out there are saying that what I choose is bad, that it's no good. You're putting me in prison, you're doing all these terrible things to me. I have to define my love as being in some way or other illicit." What I think is that paedophiles can make the assertion that the pursuit of intimacy and love is what they choose. With boldness, they can say, "I believe this is in fact part of God's will." They have the right to make these statements for themselves as personal choices. (Geraci 1991)

For her part, in the same interview, Hollida Wakefield lamented the intellectual climate in the United States regarding paedophilia:

> But your point is that potentially there can be good, healthy, positive relationships between men and boys. It would be difficult to come up with sexual research for that in the United States because it would frankly be suppressed. When I did a review of the literature on boy victims of child sexual abuse, some of the studies show not just negative effects in some of the boys. The authors try to explain this away. Their rationale is that because they didn't find negative things in their study, does not mean there are none. They just haven't shown up yet! If anyone in the United States were to do a study that showed positive outcomes and then wrote it up as a scientific paper, they probably would not succeed in getting it published. It could only be published if they found a way to explain away any positive findings (Ibid.).

Following the Paidika interview, Underwager was obliged to resign from the Advisory Board of False Memory Syndrome Foundation. Hollida Wakefield remained on the board, however and represents the positive paedophilia position on the FMSF advisory board to this day. The misuse of hypnosis strand of FMSF thought includes some luminaries in the field of hypnosis such as Martin Orne, John Kihlstrom, Theodore Sarbin, Ernest Hilgard and Campbell Perry. They make up the moderate wing of False Memory Syndrome Foundation, with the exception of Martin Orne. But it is the Cult Brainwashing Paradigm that has given the False Memory Syndrome Paradigm and moral panic much of its coherence, public appeal and political effectiveness.

The claim, in so many words that therapists who recover memories are engaging in thought reform with their patients is made by Richard Ofshe as well as John Hochman (1994). In his work, *Making Monsters* (Ofshe & Watters 1995), Ofshe claims that "recovered memory therapists" foster dependence in patients, which Ofshe argues is greater than in other therapy situations (Ibid. p. 111). Patients are encouraged to break with family members and the therapy is alleged to promise a surrogate family that will replace the one destroyed during therapy (Ibid. p. 112). The use, in many cases of hypnosis, according to Ofshe aids in the creation of pseudomemories (Ibid. p. 147). And the patient's mental health often deteriorates during the course of therapy, fulfilling the prediction that the patient must get worse to get better (Ibid. p. 159).

Even the apparent presence of Dissociative Identity Disorder, according to Ofshe is the result of suggestions that the patient manifest the symptoms of the disorder (Ibid. p. 214). Thus, according to this theory, Dissociative Identity Disorder is iatrogenic, a disease created by medicine (McHugh 1993, Spanos & Weeks 1985).

Being iatrogenic, according to this view, therapists can be sued for malpractice when DID occurs or when therapists lead patients to believe false memories. These suits are usually brought by retractors of abuse allegations but have also been brought on a number of occasions by parents who contend that therapists by persuading patients that their parents abused them have broached a duty of care to avoid harm to innocent third parties.

Suits by retractors have generally resulted in out of court settlements by malpractice insurers rather than being brought to trial and precedents entered. Suits by third parties have yielded mixed results. In the New Hampshire case *Hungerford v Jones* (97–657), the New Hampshire Supreme Court ruled that therapists indeed had a duty of care to parents to prevent false allegations from being made against them by children. However, in Califor-

nia, the Fourth District Court of appeal upheld a therapist's immunity from third party lawsuits arising from recovered memories in therapy, ruling that to permit such lawsuits would be to oblige therapists to serve two masters (Pfeifer 1999).

The cult brainwashing paradigm became the model for a federal criminal indictment of Judith Peterson and four other defendants in the Spring Shadows Glen case that was vacated in February 1999 by a mistrial. As the prosecution alleged in its indictment: ... "the defendants and others would and did fraudulently elicit statements of satanic ritual abuse and cult activities from the admitted patients, through non-traditional treatment modalities, including the use of leading or suggestive questions during therapy sessions while the patients were: under hypnosis; under the influence of a drug or combination of drugs; isolated from their families, friends and the outside world; denied certain privileges and freedoms, including uninterrupted sleep; held down by excessive or medically unnecessary physical restraints; or, otherwise by employing the use of techniques commonly associated with mind control and "brainwashing," in order to conduct their fraudulent insurance payment enterprises." The case resulted in a mistrial on February 8, 1999 as a result of a number of jurors being disqualified for various reasons (Smith 1999). The State declined to re-file the case.

Besides legal means of redress, the False Memory Syndrome moral panic has resulted in some extralegal activity. In Seattle, the local head of FMSF, Chuck Noah has engaged in Operation Rescue style harassment in front of the office of David Calof, a local DID therapist. The extensive picketing has involved harassment of patients, intimidation of family and colleagues, harassment of Calof's landlord with the aim of forcing the landlord to evict Calof, bogus complaints and lawsuits and even physical assault against one of Calof's staff on at least one occasion (Calof 1998).

Thus we see how the False Memory Syndrome moral panic is in many ways the outgrowth of several other moral panics, the Cult Brainwashing moral panic in particular. In both cases, parents are the immediate victims and in both cases, the brainwashing hypothesis is applied in a highly inconsistent manner. Both in the case of the Cult Brainwashing paradigm and in the case of False Memory paradigm, the idea that parents can be engaged in brainwashing or in parenting that is abusive enough to be tantamount to brainwashing is totally ignored, much less denied. This is a major oversight. Perhaps the need to maintain that oversight was the reason why Cult Awareness Network was so ineffective with persons who had been cult raised but had left. But without this oversight, the brain-

washing paradigm collapses into the traumatic dissociation paradigm. And that would make brainwashing far less useful as a means of legitimating authority. Thus we see a chain of moral panics against social problems of varying seriousness. Each evolved in a number of ways into the next. This serves as evidence that moral panics can and do occur around issues that are truly serious. However, an atmosphere of moral panic is generally not conducive to rational thought and reality testing. That remains the fundamental problem with attempting to solve social problems with moralistic crusades and moral panics.

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Chapter 8

Re-Searching for New Perspectives: Ritual Abuse/Ritual Violence as Ideologically Motivated Crime

Thorsten Becker

Terrorism in the 21st century, most notably the events of September 11, 2001, calls for new perspectives regarding the motivations of organized criminal groups and destructive cults, as well as governmental agencies covertly involved in mind control procedures on their citizenry. I contend that the term "ritual" does not adequately portray the fundamental nature of the reported violence that these groups have perpetrated on children, adults, and animals. As Becker, Karriker, Overkamp, and Rutz (in press) write, "The 'ritual' connotation fails to encompass many of the tortures, threats, confinements, mind control procedures, violence and other types of unlawful or immoral exploitation that participants have endured."

The Controversy

Ritual abuse, especially when the adjective satanic is used, is a controversial topic. Even though this phenomenon has been discussed in the professional community for almost three decades, there is no consensus regarding its definition. I understand the concept as ritual violence:

> Ritual violence is a severe form of abuse of adults, adolescents and children intended to traumatize the victims. It consists of physical, sexual and psychological forms of abuse which are planned out and systematically used in ceremonies. These ceremonies may have an ideological background as well as being staged for the purpose of deception and threat. Symbols and activities or rituals which have religious, magical or supernatural connotations are used. The purpose is to confuse, threaten and terrorize victims and to indoctrinate them with religious, spiritual or ideological beliefs. Ritual violence rarely consists of a single episode. Most often these experiences happen over an extended period of time. (Becker & Froeling, 1998)

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When Ulla Froeling and I developed this description, we had two issues in mind: (1) that a ritual can be staged to make a victim believe that the ideological background is real, i.e., a child is made to think she has murdered a baby as a sacrifice to Satan or another deity, (2) that whether or not a ritual is staged, the victim is bound into the real or faked belief system of the perpetrator(s).

Mental health and law enforcement professionals frequently use the word unbelievable when faced with clients/victims who report ritual violence. Supporting factors for a defense strategy of not believing include a lack of education and training about ideologically-based ritual abuse and torture-based trauma and their aftereffects, and a lack of supervision for working with persons with these histories. Without this knowledge and support, professionals may perceive clients/victims as confused, chaotic, paranoid, delusional, etc.; however, as Coleman (1999) points out, "We must remember that survivors only become patients because of the appalling things that have been done to them, not because they are mentally ill."

In an article offering a law enforcement perspective on allegations of ritual abuse, Lanning (1992) fails to give a precise definition of the term. Although he is often quoted as having conducted a seven-year FBI study that gives evidence that ritual abuse does not exist, when Noblitt and Perskin (2000) requested a copy of his study from the FBI, "the bureau responded in writing indicating that no such study existed" (p. 179). Contrary to the way his paper is cited to show that there is no evidence of ritual abuse, what Lanning writes is:

> I do not deny the possibility that some of these allegations of an organized conspiracy involving the take-over of day-care centers, abduction, cannibalism, and human sacrifice might be true. But if they are true, then it is one of the greatest crime conspiracies in history. (pp. 131–132)

Bennetts (1993) asked Lanning if he had trouble disbelieving the stories of the women he interviewed. "To my surprise," she writes, "he admits he has never talked to a ritual abuse survivor" (p. 62). Reportedly, he later said that he had spoken unofficially with several dozen survivors.

Two years later, the ritual abuse controversy that had begun in the mental health and law enforcement fields spread to the public arena. On October 24, 1995, when public television's "Frontline" aired "The Search for Satan," viewers in the United States were told that satanic ritual abuse reports were "false memories." The program began, "Two troubled wom-

en. Both sought help from some of the top doctors in the country. The diagnosis? Satanic ritual abuse...After millions of dollars in treatment, the women now say, 'The doctors were wrong.'"

Mary Shanley and Patricia Burgus, two former psychiatric patients, were featured. Shanley had sought help from Judith Peterson, Ph.D. at Spring Shadows Glen in Houston. After her release, Shanley filed a lawsuit against Peterson and others claiming they had implanted false memories and misdiagnosed her with Multiple Personality Disorder (MPD). Shanley's lawsuit eventually settled quietly under a gag order.

Patricia Burgus had been treated by Bennett Braun, M.D. at Rush-Presbyterian-St. Luke's Medical Center in Chicago. Burgus, her husband and her two sons filed lawsuits against Braun and others claiming false memories were implanted and MPD was misdiagnosed. In a deposition on January 17, 1997, Burgus testified that Braun had not implanted any false memories. She stated that she had originated all her own memories; that Braun had only passed on "information from other patients" who reported seeing her participate in cult-related activities (Burgus, 1997, pp. 912–913). Why the Burgus lawsuit was not renegotiated at that point remains undetermined.

In October 1997, the Burgus family announced they had accepted a settlement offer in their false memory lawsuit, a record-breaking $10.6 million (Belluck, 1997). Braun's medical license was suspended for two years by the Illinois licensing board in response to a complaint filed by Patricia Burgus. Braun initiated a lawsuit in 1999 against his malpractice carrier alleging the carrier had settled the lawsuit without his permission in violation of the contract terms. The matter remains undecided.

Peterson was also in the news in October 1997. She and four others at Spring Shadows Glen were indicted on charges they had conspired to "fraudulently treat the insured patients for MPD" and "did fraudulently elicit statements of satanic ritual abuse and cult activities from the admitted patients" (United States, 1997).

Shanley, the government's star witness in the criminal trial against Peterson, and the other defendants took the stand in September 1998. Under cross-examination, Shanley retracted her prior testimony that her therapists had implanted false memories. She acknowledged that she had recalled cult-related memories long before she saw Peterson and admitted that Peterson had helped her become "stronger, more assertive and a better communicator" (Smith, 1998). The federal government dropped all charges against the defendants in March 1999. Eventually, the Texas licensing board dismissed all complaints filed against Peterson.

The impact of the Braun and Peterson cases, lawsuits against other

therapists for allegedly implanting false memories of ritual abuse in their clients, and the fact that leaders and organizations in the dissociative disorders' field provided little support for the accused, seemed to shut down the debate and controversy about the reality of ritual abuse. This effectively silenced many therapists of ritual abuse survivors who had previously published and talked about their work in public forums, at professional meetings and during group supervision.

There is no way to determine the number of therapists who continued to work with survivors with little support from peers and professional groups. I do know that in 2007, 451 persons from 20 countries responded to the online Professional Extreme Abuse Survey (EAS Team, 2008) for therapists, counselors, clergy and other persons who have worked professionally with at least one adult survivor of extreme abuse including, but not limited to, survivors of ritual abuse and/or mind control (RA/MC).

A New Perspective

Instead of limiting the term to ritual abuse or satanic ritual abuse—which is sometimes reduced to a picture of the world-wide intergenerational satanist practices said to involve child murder and baby-eating —I prefer to use a more inclusive term when describing crimes that involve ritualistic, ideological or religious issues. In my work as a case consultant with law enforcement in Europe, I use the term ideologically motivated crimes (IMC) to describe crimes that "were perpetrated in the name of some greater good or evil (as perceived by secular perpetrator groups) or some greater god or devil (as perceived by religious perpetrator groups)" (Becker et al., in press).

Deliberately inflicted trauma in service to an imposed ideological or religious belief system differentiates IMC from other abuse-related traumatic experiences. For example, indoctrinating victims, especially child victims, with the belief in a deity or demons enhances the power of perpetrators. Speaking specifically about Satanism, Coleman (1999) observes that:

> Children recruited in ritual abuse may not initially be aware of the religious significance, but most survivors who claim they were born into and abused within generational Satanism tell us that they were taught from a very early age that Satan was their god. All those that I worked with were under no illusions as to what it was about. They talked about the cult as other people may talk about the church or a political party. Although individual memo-

> ries had been repressed or dissociated, the awareness of Satanism was not a recovered memory. They had always recognized that this was the background to their personal trauma that made them feel different from other people.

Victims sometimes report that leaders have told them that a watchful eye and ear will always be present in their lives and will report back to the group if they ever disclose the abuse. Often these threats are connected to a deity who will punish the victims immediately if they tell. Understandably, these threats are likely to cause problems when survivors begin to acknowledge that serious crimes were committed against them.

Perpetrators apparently rationalize these crimes they commit as common religious or ceremonial practices. Allegedly, this abuse had been experienced previously by others in the group, peers as well as leaders, and is an immanent feature on the way to religious or ideological goals or group positions, often declared as knowledge or wisdom. Trauma, as a requirement for a belief system, justifies the suffering of a victim and seals a bond to the perpetrators. If a victim releases this bond and escapes from the group, he or she might experience a spiritual vacuum. This could present a "condition that may be a focus of clinical attention" as listed in the DSM-IV (American Psychiatric Association, 1994): "Religious and Spiritual Problem" (V62.89).

Below is a summary of my current thinking on the meaning behind the term ideologically motivated crimes:

> They are crimes that are committed in the name of and justified by a transcendent religious belief system (e.g., Aum Shinrikyo) or an immanent *Weltanschauung*, (e.g., Nazi-ideology group). In the former, the physical presence of leaders and perpetrators is supported and/or enforced by gods or deities who are non-terrestrial beings and therefore can be perceived as omnipresent, especially by young children. This is a serious threat and may continue as a stressor to them even when they become adults. In the latter, a group's leadership exists in the temporal world and rewards for suffering or committing criminal activities happen in their earthly lives. (Becker et al., in press)

Perlmutter (2004) provides an informative approach for understanding how religious violence is justified in groups that ritually abuse children.

She asserts that ideological issues make crimes committed in these groups unique, thus causing special problems for investigators:

> The multiple-victim/multiple-suspect (MC/MS) situation forces the investigator to work with multiple child victims and to investigate multiple suspects. In addition, in ritualistic abuse investigations, an investigator cannot believe everything he hears. Law enforcers have to corroborate everything they hear and need to particularly be aware of clinicians and psychologists whose intentions are good but they do not have to corroborate what their clients are saying from the law enforcement perspective. Finally, take into consideration that inadequate cooperation exists between investigators, therapists and the parents. (pp. 285–286)

Perlmutter offers practical procedural guidelines specific for investigations of these cases, some of which address the psychological needs of the victim by building rapport with the child before the interview, by not wearing a uniform, and by not asking leading questions. She also makes it clear that "law enforcers face many legal, spiritual and emotional hurdles when confronted with an alleged occult crime" (p. 287) and encourages them to become educated about the belief systems of the perpetrators to learn how specific groups function and which of their practices may be legally protected and which constitute criminal conduct.

Examples of IMC

From the Media

One of the keys to a successful investigation of IMC is "planning and implementing a specific investigation strategy for ritualistic child abuse crimes related to the occult" (Perlmutter, 2004, p. 283). This strategy is reflected in the ongoing investigation of the "Thames Torso Case." On September 21, 2001, London police recovered the remains of a dismembered, decapitated young boy from the River Thames. He was given the name, Adam.

In an article linking the boy's murder to child trafficking, Contenta (2003) writes: "The investigative work that has brought police close to cracking the case is groundbreaking. It combined unprecedented forensic research with old-fashioned legwork that took investigators to Germany, the Netherlands, the U.S., South Africa, Nigeria, Scotland and Ireland." Police had raided several homes and arrested a group of traffickers who

they were pretty convinced had brought Adam to England. In the raids, they had found evidence of occult ritual practices. An expert in African religions said he believed that the evidence showed that the "murderer or murderers sacrificed Adam to gain some sort of power or good luck for an undertaking in Britain."

Cowan (2004) further explains the modus operandi:

> Forensic experts, using skills developed to help identify victims of the September 11 attacks, carried out advanced analysis of his [Adam's] bones, revealing his diet, from which they were able to deduce that he was from the region around Benin in Nigeria...A scientist at Kew Gardens worked out that Adam had been given a potion containing poisonous calabar beans up to 48 hours before his death. The calabar, commonly used in witchcraft rituals in west Africa, causes paralysis while keeping the victim conscious...Children and young people are preferred for sacrifice, and are kept conscious to the point of death because their screams are said to waken the ancestors necessary to give power to the ceremony. Blood is drained from the body and sometimes drunk by the participants.

The following citations, summaries and excerpts from BBC News are representative of how this case of ritual murder was documented in the media:

> Torso murder reward offered
>
> Police made national appeals for information about the discovery which led to widespread publicity. However, they have still been unable to identify the boy. . . . Commander Andre Baker [chief of the Metropolitan Police Serious Crimes Group] said, "Just imagine your worst nightmare and that would be nowhere near." . . . Mr Baker said police would not rest until Adam's killer or killers were caught. (BBC News, December 21, 2001)

Thames torso 'was human sacrifice'

South African pathologist Dr. Hendrick Scholtz reported his findings at a conference of detectives from across the UK: "It is my opinion that the nature of the discovery of the body, features of the external examination including the nature of the wounds, clothing and mechanism of death are consistent with those of a ritual homicide as practiced in Africa." (BBC News, January 29, 2002)

Mandela makes Thames torso appeal

Nelson Mandela has made a global appeal for information about the murder of a young boy whose remains were found in London...The former South African President said the "gruesome" case had left him with "sadness and a deep sense of tragedy."...Mr Mandela praised the "sterling contribution" of South African detectives and pathologists to the case." He added, "Such cruel wastage of the lives of our children and youth cannot be allowed to continue." (BBC News, April 19, 2002)

Met defends satanic abuse course

The Metropolitan Police Force has been criticised for sending its officers on a course which helps identify the satanic ritual abuse of children. The force sent 30 officers on the one-day event in October but has been criticised by some experts who say the ritual abuse does not exist..." (BBC News, December 21, 2004)

'Adam torso' remains are buried

The burial service took place on 5 December and was attended by a small group of representatives from across the inquiry. "It was a sad, thoughtful and dignified service to celebrate Adam's short life," a police source told the BBC News website. After a five-year probe, Adam has yet to be identified and officers felt the time was right to lay him to rest... Ground-breaking forensic work, which involved taking samples from the child's bones, linked him to west Africa and then Nigeria... Several arrests have been made

> in a case which showed links between human trafficking and ritual abuse, but no one has yet been charged. (BBC News, December 12, 2006)

McVeigh and Muir (2007) report:

> New DNA techniques developed in hunting for dead boy's birthplace have helped detectives solve other crimes... The links the Adam inquiry team discovered between human trafficking and black magic in West Africa have also aided other investigations, opening up at least three unsolved cases across Europe. Detective Chief Inspector Will O'Reilly recently told the Guardian that significant progress has been made in the case and said that "Now there is, perhaps for the first time, real hope that Adam will be identified—and his killers will be found.

At Adam's burial, five years after his torso was found floating in the Thames, O'Reilly said, "Like the unknown soldier, his death should not be in vain—some resulting good must be in his epitaph."

Emphasis on the ideological motivations behind this crime led to a change of view toward ritual violence for investigators in the United Kingdom. Hopefully, educational trainings will lead them and other law enforcement agencies around the world to a greater awareness of the possibility of ritual or ceremonial backgrounds in internationally-linked crimes.

From Research

Although controversies over the existence of ritual abuse have centered on reports of abuse from satanic cults, results of two studies show that ritual abuse is also practiced in other groups founded on religious or ideological doctrines. In 1997, German journalist Ulla Froeling and German psychotherapist Michaela Huber compiled data from a questionnaire returned by 126 therapists and counselors from 61 locations in Germany (Becker, 1999). The backgrounds of 354 cases in treatment were examined to determine the classification of groups in which survivors had been ritually abused. More than half of the victims reported abuse in more than one category. My co-researchers and I asked similar questions on the Extreme Abuse Survey for Adults (EAS) offered in German and English (Rutz, Becker, Overkamp & Karriker 2007). See Table 1 for a comparison of preliminary results of both studies.

Table 1. Comparisons of German-language and English-language Reports of Ritually Abusive Groups[1]

(Numbers in parentheses represent total number of respondents for each category. Percents represent the frequencies of "yes" responses to each category)

Groups	SRA	Gnostic	Child Porn	Religious Sects[2]	Fascist Groups[3]	Uncertain Ideology
Germany (1999)	58% (354)		52% (354)	26% (354)	12% (354)	03% (354)
EAS (German)[4]	29% (151)	07% (149)	40% (151)	29% (156)	15% (156)	35% (160)
EAS (English)[5]	60% (835)	15% (826)	50% (826)	41% (837)	23% (832)	50% (834)
EAS (Total)	55% (986)	14% (969)	48% (977)	39% (993)	22% (998)	47% (994)

Three additional questions on the EAS asked about abuse in ideologically motivated groups: (1) ritual abuse in a witchcraft cult was reported by 23% of 971 respondents, (2) ritual abuse in voodooism was reported by 7% of 966 respondents, and (3) 26% of 1000 respondents answered "yes" to the question: "Secret government-sponsored mind control experiments were performed on me as a child." Rutz (2001) documents that these torture-based experiments were conducted by groups of doctors in the U.S. and Canada in the name of national security; thus, they could be classified as IMC.

Incidentally, partial data from the Froeling and Huber study were presented to the German Parliamentary Commission on Cults. As a result, the commission made an inquiry to the Federal Office of Criminal Investigation, *BKA-Bundeskriminalamt,* and the state level offices of criminal investigation, *LKA-Landeskriminalamt,* of each German state. Only four states reported past or current investigations of these types of crimes. Their answers indicated that, at the time, German police had little knowledge about cases of ritual violence. The Commission (Deutscher Bundestag—Referat Oeffentlichkeitsarbeit, 1998) concluded:

> The 'data' available thus appear to be contradictory. On

1 German study includes both SRA and Gnostic Groups under "Destructive Cults." Most cases are from a satanic background but there are some from Gnostic-occult groups.

2 So-called Christian groups who are abusive through exorcism and cleaning rituals.

3 Described as a group that considers itself superior in race, creed, or origin, e.g., Neo-Nazi, White Supremacist and KKK.

4 From unpublished raw data

5 From unpublished raw data

> the one hand, minimum figures that have to be characterized as bordering on the dramatic, based on an inquiry that was less than comprehensive; on the other, no corroboration of suspicious circumstances by police and other investigating authorities. This largely contradictory data situation—especially the failure of the authorities to establish any hard facts—should not, however, lead us to regard the media reports and accounts of treatment as without foundation. The very gravity of the events described precludes this. What has been said about dissociation and multiple personality disorder shows why it is plausible that investigations of such matters may be particularly difficult, and that proceedings may be quickly dropped. (p. 186)

Although there have been some investigations in cases of ritual violence, for unknown reasons, several of the cases I have worked on as a counselor or police consultant have not been reported to the commission. However, the German *Bundesregierung*—after an inquiry in the parliament—admitted knowledge of three cases. In Germany, the Parliamentary Commission on Cults (Deutscher Bundestag—Referat Oeffentlichkeitsarbeit, 1998) concluded:

> Special police training, increased sensitivity to phenomena of ritual abuse, and also more intensive investigation of this area—conducted in such way that at first sight 'weird' and apparently 'incredible' testimony does not derail the proceedings and lead to their early abandonment—would appear appropriate... Germany's state level officers of criminal investigation should continue to evaluate the information available in the field of Occultism and Satanism. (p.186)

Among other actions, the commission recommended, "Prosecuting authorities should establish a department which will primarily be in charge of prosecuting crimes with an occult background, and officers working in this department should receive proper training and further education" (p. 202).

Unfortunately, these recommendations were not set into action. Police have not only failed to do anything consequential from their investigations, they have also failed to document what they learned about the types of important information that are needed in investigating ritual violence or

occult-religious motivated crimes in Germany or elsewhere. To my knowledge, they have not been provided with proper training to know how to deal with aftereffects of cult abuse so severe that the only defense for the victim, albeit unconscious, was to dissociate from the trauma. It is unlikely that investigators have been trained to deal with persons who suffer from Dissociative Identity Disorder (DID). A person with DID could possibly switch to a different identity who under the stress of an interrogation claims no memory of past or present events related to the alleged crimes.

Speaking as a consultant, I do not know of a single case where there is proof that the accusations of ritual crimes are (or were) completely wrong. Most cases, including one day-care case, have been closed because of lack of credible evidence. All of the case investigations that I am aware of have included reports of ritual murder.

Accusations of ritual murder cause tremendous stress for all who work on these cases. In Germany, social workers are required to make reports to law enforcement if a client talks about witnessing or participating in murder. It doesn't matter whether or not the accounts are credible in legal terms. By law, police are required to investigate capital crimes for the public interest, e.g., to prevent future violent crimes and to protect others from becoming victims. Therefore, police have to interrogate the accused persons who, through their attorneys, will have access to the case files. In some cases, perpetrators may have deceived a child into believing that a murder took place; thus, if the child told a social worker about the crime, it would set off an early warning system that the child was disclosing and perpetrators could silence the child through punishment and destroy evidence of other crimes before police found it. This would prevent police from carefully collecting data to support or dismiss accusations in the early stages of an investigation.

Perpetrators of IMC have been reported to use devious means to assure that victims will not be credible in the event of an investigation: (1) by telling the person they will be killed if they talk about the crimes, (2) by using deception or trickery to implant ideas and fears for actions which may have never happened, e.g., the killing of humans, (3) by having perpetrators dress and act like they are therapists, politicians, famous actors, members of the European Royal families, etc., and (4) by faking the setting in which the crimes are committed, e.g., submarines, airplanes, large underground bases, tunnels or castles.

Investigators have been trained to find absolute, non-contradictory truth as a foundation to go for a trial with a foreseeable clear outcome. Deception used in IMC makes it impossible for them to distinguish truth

from fiction. Tactics used by perpetrator groups to silence, intimate, and deliberately make their victims not credible cause enormous difficulties, not only for investigators but also for the entire justice system.

From History

Ideological beliefs as motivation for violence are not limited to small destructive cults and sects. The conflict in Northern Ireland demonstrated the violent potential of major world religions; the secular ideology connected to political and racial beliefs of the National Socialist German Workers' Party culminated in the Holocaust. Effective exploitation of humans from birth to death shares much in common with the systematic approach of the Nazis who not only committed the Holocaust, but also, in preparation for war over an extended period of time, exploited German citizens in almost every stratum of society. Four comparisons come to mind:

1. Ideological training: Between 1933 and 1945 military-like structuring of the civilian society in the so-called *Luftschutz* (a program designed to minimize the casualties of air attacks) and large-scale training and conditioning enabled the whole German society to observe and cooperate in a program called *Vernichtung durch Arbeit* or annihilation through work. Ideologically motivated crimes, as well as war crimes by the German army, were committed in a network of concentration camps throughout the Reich and adjacent areas. These crimes, both passive and active, had been justified by the ideology of National Socialism and its tenet that devotees belong to the chosen, superior Aryan race.

What is difficult for most people to understand is that for Nazis, their crimes were part and parcel of German daily life; that they occurred "just in the neighborhood" and were committed by "friendly neighbors." Lifton (1986) uses the term "doubling" to describe this dissociative-like experience that allowed Nazis to commit crimes at work and come home to lead respectable lives in the community.

Another aspect of training involved a systematic manipulation of the nation's youth. Adolescent boys were recruited into *HJ-Hitlerjugend* (Hitler Youth); adolescent girls, into *BDM-Bund Deutscher Maedchen* (League of German Maidens). In effect, every decision that these young people made regarding matters of daily living was controlled by the government. They were told what to think and what to believe; where to live and whom to love. They were required to wear uniforms, to conform to the mandates of the party. The state had replaced their families, "caring" for them, organizing their lives, framing their destinies.

2. Victim-perpetrator dynamics: Traumatic suffering from the lost

First World War (which was, according to the so-called *Dolchstoss-Legende*, not lost by the fighting troops but by civilians who sabotaged the war effort) was magnified by terms of the "Versaillian Verdict," the peace treaty which required Germany and its allies to admit they were responsible for the war. Germans felt persecuted and wrongly accused. This laid the ground for a mentality of having being victimized and contributed to a never-surrender-again attitude which was hardened by the burning of Germany's cities during the bomb war that effectively began in 1940. This provided justification for a final 'total war.' In the combat zones of field, air and sea, as well as on the home front, victims had been turned into perpetrators who used torture and murder to further the goals of their leaders.

The casualties were not limited to six million Jews or to Russian prisoners of war. They were also mentally ill people and even adolescents who were considered as *arbeitsscheu* (afraid to work) or unsocialized. Lunatic asylums and social services departments were among organizations that sent people, regardless of their beliefs or race, to the camps—all with the goal of creating the perfect race and society.

3. Silencing: Being German means living in a country where the discussion of the Holocaust at both individual and societal levels was taboo for nearly a half century. Not only had the Germans lost their role of being superior—as the National Socialistic ideology told them—they had also lost a war they had started and had committed horrific crimes against humanity. Few people acknowledged or talked about the prevalence and magnitude of war-related traumatic experiences among the majority of the population.

4. Perpetrators not held accountable for crimes: Except for the Nuremberg trials against war criminals and against doctors in a second trial and a few minor trials, no visible action was taken to hold Holocaust criminals accountable for their crimes. The Germans created a special word construction for this: *Persil-Schein*. It stands for an official paper that was nicknamed after a well-known German detergent that, according to a 1965 advertisement, "washes whiter than white." Many German scientists left the country through the U.S. government's Project Paper Clip or escaped to South America with the support of the Vatican, or continued their research in the Soviet Union.

Why it is important to study Nazism in relation to ritual violence?

The most important reason, in my opinion, is because Nazism is the most powerful example of a movement in which its adherents used an ideological background to justify committing atrocities—against common sense and basic principles of humanity. Another reason is because in Germany, a significant number of survivors reporting ritual violence have also

reported abuse within Nazi-styled settings.

Table 1 shows that in the 1997 German sample of survivors, 12% reported abuse under a Fascist ideology. Ten years later, 15% of the German-speaking sample of the EAS reported such abuse. Reports of ritual abuse in a Fascist group by 47% of 994 EAS respondents are consistent with the rise of Fascist groups all over the world.

A third reason is because of numerous reports by extreme abuse survivors that some of their perpetrators were doctors and scientists who left Germany after World War II and carried on their concentration camp experiments in the countries to which they had fled. According to EAS results, of the 257 survivors who said they were used in government-sponsored mind control experiments, 185 were from the United States; 25 from Canada, 27 from Europe, and 20 from other or unnamed countries (Becker et al., in press).

Speaking at a conference for survivors and their advocates, Rutz (2007), one of the developers of the EAS and a healed ritual abuse/mind control survivor, said:

> On February 2005, the National Security Archive posted documentation revealing extensive relationships between former Nazi war criminals and American intelligence organizations, including the CIA. (http://www.gwu.edu/~nsarchiv/news/20050121/FINAL_Comments_Op_Files.pdf). Many survivors have alleged some of these same war criminals, using aliases, were complicit in their extreme abuse. From the survey sample, ten percent of 965 respondents reported that one of their perpetrators went by the name, Dr. Black; five percent of 962 reported a Dr. Swartz (Black in German); seven percent of 961 reported a Father Joseph; and six percent of 959 reported a Vaterchen (Father in German). These four aliases are names many survivors have independently reported to me as names that were used in their presence by Josef Mengele, the Angel of Death, the infamous Nazi-doctor who performed horrific experiments on the prisoners at Auschwitz.

A direct question about Mengele was included on the subsequent Professional Extreme Abuse Survey (EAS Survey Team, 2008). "At least one adult survivor of RA/MC with whom I have worked reported that the Nazi-war criminal, Dr. Josef Mengele, was involved in his/her abuse." 15%

of 232 answered "Yes."

Of the 257 EAS respondents who reported secret mind control experiments used on them as children, 69% (177) reported having been abused in a satanic cult (Rutz et al., 2008). This statistic is consistent with anecdotal reports from therapists who have worked with clients who believe that the mind control doctors went to their cults to find already dissociative children and convince or sometimes blackmail or pay their parents to permit their children to be used in the research.

From Terrorism

The terrorist pilots who murdered thousands of innocent people on September 11, 2001 did it, according to their understanding, in the name of Allah—IMC on a mass scale. Their training had been carried out within a society of a different (and targeted) ideological background. Apparently, even the newly developed friendships and relationships during the preparation of the terroristic acts did not lead to their questioning of or resigning from the holy tasks of hijacking planes, taking their passengers as hostages and sacrificing not only their own but also the lives of others for their religious belief system.

The pilots of 9-11 were not a hermetic group practicing their worship in closed settings. Members of this terrorist cell had lived by their own rules which likely incorporated Lifton's (1961) key criteria for mind control: dispensing of existence, doctrine over person, loading the language, sacred science, confession, demand for purity, mystical manipulation, and milieu (environment) control. They lived within the Islamic community in Hamburg, Germany and on their way to their mosque in the central train station area were confronted with the daily life of a multi-cultural society. Because of their ability to live in two contradictory worlds, to live as law-biding members of society until called upon by their leaders to commit ideologically motivated crimes, they have been called "sleeper agents." Their behavior was consistent with Lifton's (1986) concept of doubling.

Six and one half years earlier on March 20, 1995, another act of mass terrorism had taken place in Tokyo when members of the fanatical religious cult, Aum Shinrikyo, released sarin nerve gas on five subways. Lifton (1999) believes that Aum "may have been a kind of bell-weather, an indicator of future trends" (p.273) regarding terrorism. He writes:

> The report on the U.S. Senate's hearings on Aum Shinrikyo speaks of the cult as having crossed a threshold that rendered "the specter of terrorists groups using weapons

> of mass destruction" an actuality. In that report, Bruce Hoffman, a British authority on political violence, is quoted as referring to "the nightmare scenario that people have quietly talked about for years coming true" and "the cutting edge of high-tech terrorism for the year 2000 and beyond." (p. 273)

Lifton (1999) is noted for applying psychological perspectives to historical problems. In his interviews with ten former Aum members, he found psychological parallels in "Jewish fundamentalists who encouraged the assassination of Israeli Prime Minister Yitzhak Rabin, in Palestinian Hamas suicide bombers, and in Hindu and Muslim fundamentalists who act violently on behalf of claims to ancient sacred places on the Indian subcontinent" (p. 4). Specifically addressing apocalyptic inclinations, he named several American groups which share similar views with Aum: "Charles Manson Family, Heaven's Gate, and Peoples Temple, as well as the Oklahoma City bombers, Aryan supremacists, and paramilitary survivalists on the radical right (p. 4)."

Although Aum is most noted for the sarin attack on the Tokyo subways, Lifton (1999) discovered that this relatively small cult had been involved in many other crimes and acts of terror aimed at initiating a global holocaust that would bring about Armageddon. Under the leadership of Asahara, Aum is estimated to have committed over 80 murders of individuals who interfered with the accomplishment of its goals. Over time, the religious cult had evolved into a military-type organization and began to produce and acquire weapons of mass destruction, including anthrax bacillus and botulinus toxin. Unlike the sarin attacks, attempts at using the biologicals were unsuccessful in causing harm to the people of Japan.

In his afterword for the German edition of *Destroying the World to Save It*, Lifton (2000) describes other disturbing activities of Aum associated with findings against Asahara and other high-ranking members of the group when they were tried for their crimes. In February and March 2000, the Japanese society was shocked by the news that Aum, known for its successful computer business had, under the cover of different hardware and software companies, installed IT-Technology for the governmental departments of Building, Mail/Post, Telecommunication and Education. Other customers of these companies were the Japanese Department of Defense and the Metropolitan Police of Tokyo. Ironically, this enabled Aum to control plans for the patrol cars which were supposed to observe its own group members. The Japanese press called this "From Sarin to Software" (p.

366), pointing out the threat of a cyber-attack, especially since the Japanese telecommunication company NTT was among Aum's customers.

The cult's acquisition and manufacture of weapons including rifles and AK-74 machine guns did not seem "religiously meaningful" to at least one of its members who worked in what was called the "metal factory":

> The key word for me was *salvation*, saving myself and saving others as well. My image of salvation and of the things that I would do as a renunciant was of performing spiritual practices, guiding others, translating sacred texts. But I was in an isolated location, operating the machine. The word *salvation* did not fit the work of manufacturing things. (Lifton, 1999, pp. 192–193)

Relevant to the example given above of Nazis who committed IMC, Lifton (1999) compares Aum's use of medical doctors with the Nazi's use of physicians to "replace healing with killing in the service of a movement or cause" (p. 136). He writes:

> There are, of course, enormous differences between a national political movement and a small antigovernment religious cult, though the Nazis were cultic in function, drew heavily upon apocalyptic religious symbolism, and wallowed in mystical experience, while Aum became highly politicized and militarized in pursuit of secular as well as spiritual goals. What Aum and the Nazis particularly shared, however, was the frequent tendency of despotic and totalistic groups to seize upon the shamanistic legacy of the physician, a legacy that includes not only the "white magic" of healing but also the "black magic" of killing. For doctors deal regularly with death and can easily be viewed—by despotic regimes and by themselves—as powerful manipulators of life and death, as gatekeepers between this world and the next. (p. 137)

Hayashi, a cardiac surgeon whom Lifton (1999) interviewed, said he had joined Aum because "I wanted to help people" (p. 143) and brought his medical knowledge to further the mission of Aum. Lifton thinks this doctor may have been influenced by the work of the prominent Canadian psychiatrist, Ewen Cameron, whose mind control experimentation projects were funded by CIA. The Aum doctor used several procedures on his

patients within the cult that Cameron had been known to use at Allan Memorial Institute in Montreal including electroshock to erase memories and an indoctrination technique similar to Cameron's psychic driving in which "a patient had to listen endlessly—sometimes even while asleep—to tape recordings of himself saying words thought to relate to a basic conflict, and similarly to the interpretations of the therapist" (p. 147). Both electroshock and psychic driving were reported by some of the participants on the EAS who said they had been used in government-sponsored mind control experiments (EAS Team, 2008).

When Hayashi went on trial because of his role in sarin attacks, he testified that he had been a reluctant participant, and that his guru had forced him to murder to keep him silent and to increase his complicity in Aum's criminal acts. This is consistent with the tactics used by other cults to keep members under complete control.

Perlmutter (2004) also sees connections between domestic and international terrorist groups. Through her list of "Recent Trends in Domestic Terrorism," she offers a possible direct connection of satanic cults with Islamic terrorists:

- The merging of White Supremacy with Satanism and Paganism (racist Odinist and others).
- Many of the original leaders of important groups have recently retired or died and the next generation has taken over and is beginning to implement more dangerous ideas and programs.
- There have been recent attempts to organize all of the white supremacy groups under one umbrella organization similar to al-Qaeda.
- White Supremacists are publicly sympathizing with Islamic terrorists and are reaching out to gain support for each other to overthrow the U.S. government and annihilate Jews. Their current philosophy is "the enemy of my enemy is my friend."(p. 77)

In a similar vein, Lifton (1999) warns, "Just as we now take for granted the interconnectedness of the global economic system, so must we learn to do the same for the growing global system of apocalyptic violence. Outbreaks anywhere reverberate everywhere" (p. 4).

Implications

Torture, murder, and trauma-based mind control procedures are common practices in groups—large or small, international or local—who justify these horrific acts in allegiance to an ideology. Crimes committed in the name of some "greater good or evil" or "some greater god or devil" are a threat to the view of a safe world. Perhaps this is the primary reason that the reality of ritual abuse is a controversial topic in the mental health and law enforcement fields.

When working with survivors, therapists frequently hear two questions from clients who are struggling with the mental, physical, and emotional aftereffects of ritual abuse: "Do you believe me?" and "Why did they do this to me?" By incorporating the concept of IMC into their frameworks of treatment, therapists may have less difficulty accepting the reality that such atrocities do occur and thereby help their clients develop an understanding of the ideological aspects of ritual violence in terms of (1) their identification to individual perpetrators and groups, i. e., Stockholm Syndrome, and (2) their needs to find some meaning in suffering.

For persons who are charged with investigating crimes that have satanic or other religious or political trappings, the ideological issues need to be amplified. An understanding of the motivation and driving forces of persons who are deeply convinced that they are doing the right thing, justified by "some higher" meaning, is imperative if those who commit IMC are to be brought to justice.

It is my hope that readers of this chapter, especially professionals in the mental health and law enforcement fields, have been challenged to look at the controversial issues surrounding the phenomenon of ritual abuse with new perspectives. Although freedom of religion may be protected by the constitution of one's country, crimes against humanity are not.

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I would like to acknowledge the contribution of some colleagues and friends, in particular Wanda Karriker, Ph. D., whose enthusiastic support was instrumental to the conclusion of this article. She once wrote:

> Evil has survived human history. We can't stop it, but we can recognize and respond to it on different levels. As we sweep out closets in the far corners of the world that are stuffed with profits made from the exploitation of women

> and children, filled with the DNA of transgenerational abuse, and smudged with the fingerprints of perverted power, I trust that we can offer sympathy and empathy and safety to all unwitting initiates into organized evil—those who have been too frightened to tell and those who have been tormented and discredited for breaking the silence."(W. Karriker, personal communication on private online study group, November 1, 2001)

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Chapter 9

Terrorism is the Ritual Abuse of the Twenty-first Century

Frances R. Yoeli
Tessa Prattos

Introduction

As the 20th century rolled over into the 21st, the world worried about a computer virus designed to devastate the high tech industry. What the world did not suspect was that it would be an event of such magnitude that it would transform the power balance. While computer experts dabbled in how to fix things, Osama Bin Laden created a complex assault on the world 'in the name of.' This was to become the strategic ritual abuse of society of the 21st century. A massive army of servants [serv-(ing) ants] worked over an extended period of time 'in the name of' and became the abusers. They functioned in trance states, pawns of the leadership. Their minds were controlled.

It is said that they asked no questions and did as they were told, 'in the name of.' And they were instructed or programmed to become gentle people and pilots whose minds and behavior were controlled by Osama 'in the name of.' And they were called Al Qaeda, and they did as they were told. And then one day they were told to take their planes and perpetrate the most massive terrorist attack of modern times– upon the heart and soul of the world 'in the name of.'

Stern (2003) explains how opportunistic leaders head terrorist organizations using religion to both motivate and justify and at the same time recruit and enthuse the naïve, and the disenfranchised. She describes the moral fervor, and the transformation of this 'enthusiasm' into 'sophisticated organizations' seeking money, control, power and international attention. The recruited are indoctrinated and come to believe that their every move is now in the name of 'God' while the leaders work towards their goals in the name of 'money, control, power, and attention.'

Thus, Osama's systematic, ceremonious mind control over his servants became violent, systematic, ceremonious mind control, abuse of society and of the masses. The world learned the true meaning of (ritual-repetitive)abuse in the form of terrorism and saw the effects of ritual abuse

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on one and all, via the television, live. Long ago live television encouraged the viewing world to believe that there is right and wrong, good and evil, and that there was a superman who fought the evil in the world in the name of 'truth, justice and the American-(democratic way) for all.'

In this chapter the following phenomena are being considered. The phenomena of how the elements of ritual abuse, cult and mind control become part of the almost daily routine of western societies; the phenomena of how the ritual abuse, cult and mind control have become the modus vivendi for achieving power and control over the masses; and finally, the phenomena of how this use of the same terrorizing tactics as in ritual and cult abuse leads to dissociative behavior in the individual and becomes globalized, achieving subtle control over masses of people. Defense mechanisms such as denial, dissociation, depression, and anxiety from the 'overwhelm' appear more frequently and are seen in subtle changes in behaviors.

Systematic threats of terrorist attacks on the world's population are for the purpose of mind control. The media report that there are threats and the alerts go to code yellow, orange and red. The audience has no way of knowing what is real. The result is that at the microcosmic level, a fear of annihilation is activated and looms in the heart and soul of each person. The masses react with their own color codes of alert and differing stress levels. This is what can be considered the societal ritual abuse of the 21st century. The precedent to this kind of behaviour in modern times comes from the 1950's and followed through till the 21st century. The threat of nuclear bombs and the experience of the bombing of Hiroshima that closed the Second World War were frightening enough to shake the very foundations of psychological health (Lifton, 1968). Many found psychic numbing as their resource or defense. Their minds were weakened, or deprived of the power of feeling or moving (Neufeldt and Guralnik, 1997). Gregory (2003) wrote that both individually and collectively people withdrew their minds from the contemplation of the awesome possibilities of a nuclear holocaust. Instead, they concentrated as best they could, on other, more pleasant, aspects of living. Resistance would have been futile anyway. The bomb meant, everyone knew, that running away was impossible if dropped nearby. Psychic numbing, the ostrich-like, head-in-the-sand attitude, was certainly a strong part of the means that people used to handle their anxieties (Zur, 1990). This 'dread' (Singer, 1994) that leads to psychic numbing in the form of accommodation, became a global means for the 'population' to accept and deny the overwhelming threat of annihilation (Gregory, 2003).

Psychic numbing is a common symptom of post-traumatic stress disor-

der (PTSD). This is the emotional anaesthesia which enables or provides detachment from the potential dangers of the outside world. (WorldNow, 2004). Shutting down is a means for an individual to compensate for intrusive thoughts, memories, or feelings of the trauma by becoming numb to internal or external stimuli (Sidran Foundation, 2000).

The term psychic numbing was first used by Robert Jay Lifton (1982), and is freely applied in many situations to describe the way people avoid facing up to difficult issues. Lifton wrote that psychic numbing builds on well-known defense mechanisms, such as repression, denial, and projection, to create an exclusion of feeling and to disconnect. This is one of the processes by which it is possible to dissociate from the bombardment of "the tele-visual culture and media-manipulated images" (Shor, 2002).

The media under the guise of freedom of press, (i.e., you have a right to know and know you will) provide 'breaking news' hot off the press keeping the world attuned by being 'there' when it happens. The media arrive on the scenes of terrorism so quickly that it seems as if terrorists plan attacks close to press offices. The use of the media in this way creates a situation where while the media are obligated to report the news, they end up as servants to the terrorists and abusers.

The media, systematically and ceremoniously and ritualistically details live and in color the world's worst events.

Tension builds and anxiety levels rise in the population watching the reports repeatedly. This tension and anxiety is partner to the fear of annihilation. World events become part of our lives, homes and families. This is the aftermath and effect of the media's reporting of these systematic, ritualistic, ceremonial and violent threats to the society (Rothschild, 2001; Bunney, 2004).

Comprehension of the implications of what the media present is impossible, as the 'seeing' becomes so overwhelming that the mind is flooded. "Lack of accurate information, conflicting information, obfuscation and confusion by mass media and those who drive the media and the passage of time" (Gregory, 2003) serve to lull the public into seeing the evils of the world as normal. They have become entranced into believing 'such is life.'

New euphemisms enter daily communications and carry the messages of the stage and phase of denial and dissociation. One example is 'it's a waste of time' to look for anything else. The meta-message is to stay safe, stay home, stay alive and enjoy what you have. Another new phrase that has become part of the youth genre and even adopted readily by adults is—'what you have is the end of the road,' meaning this is the best it gets. The subtle implication is, 'appreciate what you have here and don't go

down another path that may be less secure.'

As the media draw attention to the daily political decisions, world events and disasters the viewer may have a sense of intimidation or dimunization. In light of the major world disasters and acts of terrorism, the individual often feels irrelevant, inadequate, inconsequential and incompetent. Drawing on Bunney's descriptions (2004) and personal clinical, anecdotal and empirical observations, the effects of the media are clear. The pain, the shock, the 'overwhelm' leads to isolation in light of the horror of the events played out on one's senses. Some turn inward, and pretend the 'other' environment does not exist. Others turn outward toward negative reckless behaviors. There appears to be a full gamut of negative behavior patterns.

Many of these behavior patterns are laced with anxiety resulting from the interaction with the media. Dissociation from global and social events is present in almost all the various changes in behavior patterns. That is the result of the psychic numbing.

Emotional survival depends on the ability to differentiate oneself from the world and current events. Should it be one's turn to feel the impact on a personal level each will need to find the ability to cope and will do so in a different way. The underlying fear is that they will have to cope and might not be able to cope and the underlying threat is death. The dissociation is an energy saver.

The ripple effect of traumatic events as conceptualized by the distance from the trauma—which can be visualized in terms of concentric circles where the event is in the center of the primary circle is huge. The effect on viewers of the media following a disaster is represented by the 8th circle of distance from the impact of the event (van Leeuwen & ben Yochanan, 1996).

This media presentation of disaster of any kind often leads to the subjugation into compliance with the enemy and with the enemies' belief or passive or aggressive behavior patterns as a means of self defense against what threatens 'overwhelm.' The effect of 'overwhelm' is what is considered here to be the subtle and not so subtle 'societal ritual abuse.'

The 'overwhelm' affects the human psyche of the individual, the family and in particular the children, the society, the country and the world. The media report it all: man made disasters, terrorism, accidents, epidemics and natural disasters. This is perhaps the fastest and most efficient vehicle for mind controlling ritual abuse of society available in the 21st century.

Some of us remember the early 20th century movies about the superheroes. Knowing, back then, that in the end, 'right' would triumph, we watched with awe and wonder how the enemies of justice, peace and freedom took over the wavelengths of the world and threatened entire popu-

lations with destruction and havoc (a predilection and forerunner to the 'big brother is watching you' concept as presented in Orwell's book 1984 (Orwell, 1949) and to the current state of terrorist activities). The audiences could then fantasize that Superman, Spiderman, and other super strong figures became imagined resources who might come to our rescue when needed. Superman's words still live on, for many of us, in our minds and memory, 'in the name of... "Truth, justice, and the American way..." Nonetheless, the fear and anxiety live on untended and deeply embedded within our hearts and souls. The clear memory of the anti-heroes' mind controlling methods and messages remains in our memories.

Terrorism and Ritual Abuse: Defining Terms

There does not seem to be a definition that encompasses both terrorism and ritual abuse as a factor in the theoretical development of what is here described and conceived as Societal Ritual Abuse. Acts that are deemed terrorism or ritually abusive by some may be considered justifiable actions or culturally accepted forms of behavior by others. So long as there are diverse opinions, a universally accepted definition of terrorism cannot be agreed upon (Ganor, 2001), neither is there one for ritual abuse. Some countries and cultures condemn acts of terrorism and ritual abuse as criminality of the worst kind, while others condone and justify the abusive actions.

When repetitive terrorist acts occur in western democratic societies, these events have the quality of and are a form of ritual abuse. The terrorists' actions are unannounced. For the most part they have a ritualistic and religious ideology and are unpredictable. This form of terrorism—ritual abuse impacts society in the same way as the one-on-one ritual abuse affects the family, the individual and the society around them. It has a ripple effect that extends across the globe. This is societal ritual abuse of the 21st century.

Terrorism is Categorized as a Cult

Shortly after the World Trade Center and the Pentagon terrorist attacks on 9/11, panelists at a convention session on hatred asked the American Psychological Association to form a task force to investigate mind control among destructive cults. From there, the new category of the 'cult of terrorism' was derived. Terrorist organizations are now being equated with destructive cults (Dittman, 2002; FACTnet. 2001, 2004).

Hassan (2001) concludes that the terrorism as of 9/11 meets the cult definition criteria. The following criteria demonstrate the reason for inclusion into the cult category: terrorist groups, like cults, are the most

destructive visible examples of the abuse and use of mind control and cult control techniques; secondly, the terrorist organizations have studied and used the same techniques to indoctrinate and use the recruited members to commit shocking and horrific acts of terrorism. As within any cult it is not the agenda that is the motivation of the terrorist organizations that makes it cult like, but rather it is the means of achieving this agenda through the implanting of rationalizations and values in the minds of the active terrorist pawns; thirdly and finally, an effective means to counter the terrorism has to come from understanding the programming and the techniques used to induct the terrorists into accepting that their actions are right and into performing their assignments without question.

The Cult of Terrorism

A destructive cult may be defined as a closed system or group whose followers have been recruited deceptively and retained through the use of manipulative techniques of thought reform and mind control [undue influence] (Davis, 1996).

The cult aspect of the terrorism can be approached in terms of the element of mind control which is a process of either unconscious or intentional change of an individual's behavior, thought, and emotional patterns through subtle, deceptive, and damaging means by unethical spiritual leaders. The leadership is all-powerful, the ideology is totalistic, and the will of the individual is subordinate to the will of the group. The destructive cult sets itself above society by creating its own values with little or no regard for society's ethics or morals (Martinez, 2004).

PageWise, (2002) suggests conceptualizing terrorism as a synthesis of war and theatre, a dramatization of the most proscribed kind of violence is perpetrated on innocent victims played before an audience in the hope of creating a mood of fear for political purposes. Jenkins (2004) is adament about defining terrorism according to the quality of the act itself–involving violence or threat of violence-, not according to the identity of the perpetrators or the nature of their cause. Whereas the authors consider any form of abuse as an act of violence, terrorism on a global scale in any form must be considered abuse.

Terrorism takes many different forms—from the computer hacker to the suicide bomber. The terrorism related to in this chapter is any terrorizing action perpetrated on innocent others outside the rules [of war], 'in the name of' [control and power], religious and ideological opposition, and is designed to control the mind of the individual and the society. Terrorism is formatted in an environment that has similar elements to what

Stark and Bainbridge (1979), define as a cult; evolutionary religious movements with no parent religion and which create a high state of conflict and tension with their surrounding socio-cultural environment.

Pape (2003) has defined three different types of terrorist group action in terms of their purpose, intent and level of danger. Demonstrative terrorism designed to gain recognition while avoiding serious harm; destructive terrorism intended to aggressively coerce while mobilizing support, repressing the victims and demanding sympathy for the cause; and lastly suicide terrorism intended to coerce, while planning the death of the perpetrator and the victims even at the risk of loss of support. This is the most voluble statement of discontent of the 21st century. This new trend of terrorism is conceptualized here as 'the repetitive- ritual abuse' of society of the 21st century.

Elements of the Terrorist Act:

- A terrorist act is premeditated, planned in advance and is not impulsive.
- The goals of the attack are to achieve political concessions through coercion.
- The terrorist act is focused on civilians rather than military targets.
- The terrorists are sub nationals and for the most part housed within states or countries but are not necessarily or openly supported by them. And finally
- The intent of these attacks is to gain the attention of the survivors for support and/or to maintain the level of fear these attacks achieve in the aftermath. (Ganor, 2002; Pape, 2003; Schweitzer, 2000)

Briefly stated, the crucial components of terrorism are the same as in abusive cults and involve actions of violence an audience, the creation of a mood of fear, innocent victims, and political motives or goals (PageWise, 2002). Bretton-Granatoor (1997) describes cults as being those that commonly recruit new members and engage in fundraising activities without fully disclosing the use of mind-controlling techniques or the real nature of the organization. They often hide behind various front groups. They are frequently secretive or vague with regard to the true nature of their beliefs and activities. They generally lie in order to get members to join and stay.

Terrorism is Mass Societal Ritual Abuse

There are common factors present in cults, terrorism, and ritual abuse. Schmid and Jongman (1988) rank the elements as they appear in terrorist acts in this way: violence, force, politics, fear-terror, threats, psychological effects and anticipated reactions, targets and victim issues, the intentionality, whether systematic, planned or organized and finally methods of combat, strategy and tactics.

Ritual abuse came to world attention when satanic brotherhoods and cult-like groups became more visible allowing the world to see their approach. What the world saw were the tactics of mind control, ritual and sexual abuse, torture and other actions performed 'in the name of' (Satanic) power and control. Ritual abuse is: psychological, sexual, and/or physical assault on another willing or unwilling person, committed by one or more people on one or more persons who have as their primary motives a prescribed ritual, a specific goal and the desire to satisfy a perceived need. Noblitt and Perskin (2000) revised the many different definitions and devised a more succinct and inclusive definition of ritual abuse: "any deliberate abuse which threatens death and is carried out in a ceremonial or circumscribed manner in order to create or manipulate the mind to dissociate into different parts" (pp. 47–48).

While the lone ritual abuser perpetrates on one person at a time, the societal ritual abuser uses a messenger as a representative of the organization and as a tool of the ultimate goal—to abuse as many as possible for power and control. While the intentions are somewhat different, the actions are similar. Both enlist mind control techniques and impose their will and power over the other and others. Individual perpetrators form a coalition with the one against the others. Mass societal abusers openly abuse as many of the others as possible. The essence of mass societal ritual abuse is any violent and aggressive act designed to impact and impart a memory filled with terror and threat for a specific goal against many.

The word 'ritual' as used in the concept of societal abuse is defined here to mean an inflexible, stylized, and repetitive sequence of actions. The ritually repetitive inflexible stylized actions are the essence of what may be called 'the dynamics of urban terrorism' (Salwa, personal communication) or more simply stated, societal ritual abuse.

Rituals are prompted by religious belief, fervor or extremism. The general purpose of rituals is to express some fundamental truth or meaning, evoke spiritual, numinous emotional responses from participants, and/or engage a group of people in unified action to strengthen their communal bonds (Wikipedia, 2004). The word ritual, when used as an adjective, relates to

the noun 'rite,' as in rite of passage. A ritual is a formalized, predetermined set of symbolic actions generally performed in a particular environment at a regular, recurring interval. The set of actions that comprise a ritual often include, but are not limited to, such things as recitation, singing, group processions, repetitive dance, manipulation of sacred objects, etc. Human sacrifice was practiced in many ancient cultures. Victims were ritually killed in a manner that was supposed to please or appease gods or spirits. On very rare occasions human sacrifices still occur today (WordiQ, 2004).

A ritual act has symbolic power and affects the ritualizer, and ripples through family, community, and society. Rituals are born out of idiosyncratic religious or cultural value systems and basically have no political aspirations. There are exceptions where some rituals have been claimed to be the source of assassinations as in the assassination of Yitzchak Rabin in 1995 (Horovitz, 2004).

According to the newspaper reports, a group of rabbis worked the ritual of the Pulsa De Nura with the intent of removing Rabin from office by death (Brook, 1998). The ritual is performed through the energy focused intent of the group as they enter the secret pathways of the Kabbalah. The Kabbalah is a body of mystical Jewish teachings based on an interpretation of hidden meanings in the Hebrew Scriptures. Rituals are immutable to reason, negotiation, or satisfaction.

Abuse we herein define as any form of violent mistreatment (verbal, psychological, emotional, or spiritual) of a person or animal and the illegal, improper, or harmful use of something or an illegal or harmful or improper practice.

All three groups, terrorists, cultists and ritual abusers have at one time, to one degree or another engaged in the following illegal and unethical practices: child abuse, neglect and death; illegal and fraudulent immigration; drug dealing; smuggling money, cars, guns, gems; fraud and deceit in recruiting, business, financial records, and fund raising; theft; harassment of families and former members with threats, lawsuits and foul play; stockpiling and smuggling weapons and ammunition; beatings; sexual abuse and prostitution; kidnapping; murder; attempted murder; and psychological and emotional damage (Zimbardo, 1997).

The combination of cult elements mixed with terrorist elements is a potent and fear filling aspect of the 21st century. A generation or more ago Burgess (1963) predicted in his novel a Clockwork Orange the development of a strong and aversive negative segment of society. This prediction seems to have fulfilled itself in the 21st century which has given birth to the cult of terrorism which perpetrates Societal Ritual Abuse on mankind.

The motivating factors behind terrorism vary and are numerous. For the most part terrorism uses violence to create a dramatic effect. The violence is a means towards political changes. By demonstrating the coercive power of violence to the masses, mass trauma becomes one means of gaining power and control over much of the society.

Terror . . .Trauma . . .The Ongoing Drama

The word trauma is defined in varying ways. The following definition is used in this chapter (Yoeli & Prattos, 2002). Trauma is:

- The perception of an event,
- As it is experienced by the individual,
- As a realistic or interpreted threat to ones life;
- Often accompanied by a sense of helplessness and overwhelming anxiety;
- And sequentially leading to the development of post traumatic stress disorder with or without dissociation;
- Irrespective of whether there was active involvement in the sudden, unexpected events, and regardless of realistic magnitude of the event.

The terror, the trauma and the ongoing effect it has on persons witnessing and/or experiencing the 'event' are the drama. This drama consists of repetitive, continuous events perceived as life threatening, and resulting in multifaceted symptoms, varying from simple anxiety to full blown PTSD.

Drama is the essence of the trauma and is Societal Ritual Abuse. By definition terrorism in the form of Societal Ritual Abuse contains acts of violence. Violence is the essence of trauma.

The trauma of violence comes in many forms of abuse. Abuse is the improper use of power by one person to the detriment of another and can occur anywhere. Terrorism is violent abuse in all forms; psychological, physical, sexual, neglect and acts of omission, discrimination, as well as financial or material abuse.

Coping with constant anxiety and fear of violent abuse is exhausting, and defense mechanisms come into play. Denial is one means of releasing the tension. Depression, depersonalization, derealization and dissociation often follow the repression, suppression, and subjugation effects of the violence of terrorist trauma. These effects are often experienced in the form of trance states or splitting of parts of the person's awareness, the latter being an extreme defense mechanism of the brain. These enhance the power and control of the abuser and leader. The promotion of repression, suppression and subjugation is an integral part of terrorist (and abuser) strategy.

A trance state is one of the symptoms of PTS/D. Other symptoms of PTSD resulting from acts of violence are hyper-vigilance, constant alert, and fear which are the core elements of dissociation. A society coerced into trance and dissociative states resulting from PTS/D is malleable in the hands of the terrorists and abusers.

The Recipe for Mass Societal Ritual Abuse

On a very creative website (Herasimchuk, 2004), the following recipe was found which artistically describes in a simple format how the 'one' affects the whole.

Step 1

One zealot starts the process. He is a fanatic and preaches a 'way,' his own way, to solve 'problems.' Terror, violence, and murder are his 'way.' This reminds the world of the Swiftian "Modest Proposal,"—"to eat or kill the children" (Swift, 1973 ed). Swift's scheme was designed to solve both the poverty issue and population growth problem of his time. This is an interesting yet horrifying way to solve a political problem. Modern day one-on-one ritual abuse is no less horrific and is kin to the preaching of the 'Way.' This lone zealot will use ritual abuse over an extended period of time to gain power and control. The (rituals) abuse (are) is repeated and the physical abuse is severe, sometimes including torture and killing. The sexual abuse is usually painful, sadistic, and humiliating, intended as a means of gaining dominance over the victim. The psychological abuse is devastating. Both during and after the abuse, most victims are in a state of terror, mind control, and dissociation (Los Angeles County Commission For Women, 1991).

Step 2

This same zealot has convinced a small but growing group of the rightness of his terms of the creation of violent criminals. The nature versus nurture dichotomy is no longer sufficient. Athens' (1992) theory considers the more holistic approach which takes into account the complex and continuous interactions between the individual and the environment and the interaction that leads to the behavior pattern. Leaders of terrorist groups of any kind work to convince and subjugate the neophants, creating a 'we'...'they' system of good and evil.

Step 3
The Means

Converts murder a large group of innocent people to strike fear and emphasize that there is a 'way.' The population at large has been drawn into the ideology of the 'way.' Most have become at least a little anxious. Others have listened to the preaching of the converts about 'the way.' More have been convinced of the 'way.' Many use the methods of striking fear and murdering to control the population at large. Their own safety lies in supporting the leader, the zealot.

By purposefully developing trance and dissociative states, terrorism controls the minds and focus of much of the world's population. This is like the ritual abuse on one person whose mind becomes controlled by the abuser. Similarly, the zealot gains control over his converts. Terrorism maintains that control through threats of annihilation. As mentioned above, ritual abuse contains the element of deliberate mind control through the intensive bombardment of the senses. When the senses are overwhelmed and have no recovery time the individual begins a dissociative process. Trance states and dissociation are some means by which an individual is able to survive the threat of annihilation.

Step 4

That zealot has become the leader of an organization. His 'way' is 'the way.' Power and control, coercion of the masses, world influence—change is the goal today. And the power-hungry, divisive leaders of victimized countries under the influence of the zealot, engage in a war against others—'any' others and the result is the death of many innocent people. And yet the religious zealot remains 'a leader at large' and the act is in 'the name of.'

The leaders of terrorism deliberately threaten mass annihilations. Governmental acts of retaliation are limited where there are unknown threats. Governments prepare for a war with an enemy they have difficulty finding and defining while individuals fear for their lives and dissociate into denial. Mass societal ritual abuse is abuse in full force. The lone zealot's hunger for power and control has enabled him become a 'great' leader, and a strategist of war tactics. The result is death in almost holocaustal numbers, fear in the hearts of the masses, and innocent people threatened to their core being.

War is devastating for everyone. Dehumanization of the innocent has become part of warfare. Shooting at everything that moves, including children, has become normative behavior. The message conveyed to

the soldiers of today is 'that it's no tragedy to kill children and none of you (soldiers) is guilty.' The childhood of tens of thousands of youngsters is being lived from one trauma to the next, from horror to horror. Even children have become a targeted part of the dehumanization campaign of war (Levy, 2004).

Survival requires the ability to adjust, habituate and accommodate (Flavell, 1977). Deceit is one means to do that. Afghanistan is an example of a need to find the means to survive under the decree of terrorist zealots to comply or die. Women were forced to wear the burka veil over their faces, which covered all but their eyes, as an act of submission and subjugation by the 'leaders.' Not all the women wanted to wear the burka. Not all women were willing to be forced and intimidated into wearing the burka. Many were defiant and deceptive and went 'underground' to hide their rebelliousness. There they took off their burka's and even danced and played. Out on the streets and visible to the leaders they wore the mask of the burka pretending to accept the leader (LaCayo, 2001).

The duality was a means to dissociate from and to create a false front. Secure in one part of their mind that they could be who they are and want to be, to survive they demonstrated 'good girl' behavior. Their lives depended on that.

Living in a constant state of terror, anxiety and dread is debilitating and leads to desensitization where the horrors become 'normalized' and just another part of daily life. Depression, depersonalization, and derealization are accessed at the last stage of the peak anxiety. The zealot believes he is in control and has won.

Terrorism and Mind Control

The mind controlling element in terrorism needs to be addressed. Mind control is annihilation of the essence of the individual (Shengold, 1989). Terrorism does not threaten to annihilate mankind per se. The idea behind terrorism is mind control through the annihilation of man's freedom and ability to think for himself and be. It is the murder of man's essence, being and soul. The lone ritual abuser controls the minds of his solitary and individual victims, while the terrorist controls the minds of the masses through societal ritual abuse.

Comprehending the massiveness of these issues and addressing them is essential for the stability of the world as we currently know it. Today's modernized society have their 'inalienable' rights of birth; the freedom to think, to question, to choose, to feel and to be themselves. And when those freedoms are stolen through victimization of the masses the balance

of the world is endangered and the idea of global warming no longer refers to the weather.

The Circle and Cycle of Violence

Violence or the threat of violence where there is the capacity and the willingness to commit violence is endemic to terrorists and ritual abusers. This is the primary factor that produces the terrorism that is the societal ritual abuse of the 21st century (PageWise, 2002).

The development of violent behavior patterns that are seen in cults, ritual abusers and terrorism has been studied by many different researchers. The theory that best answers the question as to why this violence appears and is acted upon comes from Athens (1992) book The Creation of Dangerous Violent Criminals in which he describes how the heinous criminal develops.

Athens' (1992) theory of violentization is one means to conceptualize a basis for understanding the development of violent behavior. It is one means to understand how terrorism becomes unleashed. Grossman (1995) also provides a similar theoretical understanding of how people are able to kill. Athens' violentization theory is an approach which conjoins and integrates the social and environmental experience with the interfamilial trans-generational issues (Hudson, 1999). The theoretical bases for explaining violent behaviors are found in bio-physiological and social environmental theories (Athens, 1992).

Bio-physiological Theory

Mednick (1977) studied the indices of the autonomic nervous system activities, i.e., galvanic skin response (GSR) of criminals and delinquents Mednick's theory claims that children unable to learn from punishment become dangerous violent criminals. The regulation of fear arousal is a function of the autonomic (sympathetic) nervous system. "In the initial stage of threat, a startle or alarm reaction is initiated, in which the sympathetic component of the autonomic nervous system (ANS) is suddenly and significantly activated, resulting in increased heart rate, blood pressure, respiration, and muscle tone, as well as hypervigilance. Distress is expressed in crying and then screaming (Perry et al., 1995 as cited in Schore, 2001, p. 214).

It is the arousal and dissipation of fear which controls whether children can learn from punishment. Mednick's work has been supported by Porges' polyvagal theory (1997) about the affect regulation of the nervous system in the polyvagal theory of emotion which links the evolution of the

autonomic nervous system to affective experience, emotional expression, vocal communication and contingent social behavior.

Behaviorally, this first stage is associated with immobilization behaviors. In animals, this system facilitates 'playing possum.' In humans it causes dissociative freeze states and other parasympathetic dissociative symptoms. This is the state of frozen terror. The second stage inhibits the primitive vagal system's influence on the gut, to foster mobilization behaviors necessary for 'fight or flight.' The third stage (ventral vagal complex) is unique to mammals and is characterized by a myelinated vagal system that can rapidly regulate cardiac output to foster engagement and disengagement with the environment, promoting calm and pro-social behavior (Porges, 1997; Bergman, personal communication, 2004; Schore, 2001; Siegel, 1999; Scaer, 2001; Nijenhuis et al., 1998, 2004; Perry, 1995). It appears that there are direct connections between infant posttraumatic stress disorder and child, adolescent, and adult stress disorders as Gurvitz et al. (2000) have reported. They also acknowledged that adult PTSD patients with neurological soft signs frequently report traumatic childhood events.

Social Environmental Theories and the Group

Social environmental theories are based on the idea that a subculture develops around a social problem requiring definition and change in social policy. Post (1990) adds that when an individual or group identifies a negative condition they seek others who think similarly and band together to right the wrong.

Wolfgang and Ferracuti (1967) developed the social environmental theory to explain dangerous violent criminals. They studied the differential rates of violent crimes in different social categories with particular interest in the criminal homicide. They theorized that societies have 'subcultures of violence' which include a system of norms that prescribe, demand and expect violent action and proscribe non-violent actions for settling arguments. Bandura (1996) says that moral disengagement evolves in the subculture of terrorist violence. He describes the four mechanisms of moral disengagement as the insulation elements enabling dissociation from the consequences of heinous acts of violence.

The first is moral justification whereby the individual is able to justify his inhumanity by euphemistic labels or moral justification. The second technique is displacement of responsibility whereby 'someone' more important is responsible, and the individual is just a functionary. Cordes (1987) points out a third technique used to minimize or ignore the actual suffering of the victims, as a means of insulation against recognizing their

own role in causing the other pain. The fourth technique (Bandura, 1996) is the dehumanization of victims. The victim is seen as less than as in Islamic groups, where the victim is the infidel. In this subculture violence is easily facilitated because aggression become justifiable, the party responsible for felt troubles comes from evil but our group is good. This norm puts the members of the sub-culture in daily conflict with conventional society. (Athens, 1992; Wolfgang and Ferracuti, 1967).

If violence is excusable "in the name of..." then, Bandura (1996) believes, that the precursor for terrorism is the moral disengagement of the terrorist from the action of inhumane and immoral conduct, is one of the binding elements of these groups, and provides the 'acceptability' for their actions. (See step 3 above.) Groups that are organized into cells and columns may be more capable of carrying out ruthless operations because of the potential for displacement of responsibility. The group must become the sole source of support and friendship. The sense of belonging, purpose, and identity is locked into the relationships within the group. For Volkan (2002) the solution to understanding the mind of terrorism is in the understanding of the psychology of large group identity.

Neither the bio-physiological nor the social environmental theories can stand alone in Athens' Theory of Violentization.

Athens' theory (1992), on why people become violent, developed over a period of 20 years of interviewing hundreds of violent convicts. The elements in his theory are easily extrapolated to provide a means to understand the phases involved in the evolution of modern day terrorism The concept put forth by Athens is that negative social experience, and inner experience during that negative social experience, has a four stage process which, when completed [and without exception] creates the violent format of terrorism where terrorists, societies, ritual abusers become capable of assault, rape, and murder of another human being (Athens, 1992).

DiIullio (2000) succinctly describes the Athens' four stage violentization process: it begins with "brutalization": a parent or other authority figure batters a child, allows the child, to witness him physically subjugate others, and then taunts the child into settling violently even minor playground disputes. Next is "belligerency": the scared youth placates the mentor-menace by threatening peers who give the slightest provocation. "Violent performances" follow: the terror-in-training wins bloody fights, smells fear in others, and likes the smell. Finally, there is "virulency": the child-predator preaches to himself about the virtues of violence, and bonds socially only with others who share, or can be brutalized into sharing his savage-or-be-savaged worldview."

Social Experience

Killing innocent people [in acts of terrorism] is heinous (Athens, 1992; Muzaffar, 2002). The violent criminal, and the terrorist, whether considered a freedom fighter, or a militant, by this assaultive action against innocent victims, become undifferentiated.

Athens (1992) quoting Dewey (1929) on the concept of social experience wrote that; ... a social experience emerges from the special interaction that takes place between a human organism and his social environment during the process of living. This generates thoughts and emotions in the interaction between human beings. The essential element is that interaction of what is within the organic body and what lies outside in space and time (p.15).

Athens' (1992) theory of violentization integrates the somatic experience to the social environment based on Dewey's concept that the organic body and the social environment are indivisible. Careful study of social experiences is the key to discovery of the creation of dangerous and violent people. This is the basis of the Athens theoretical construct.

The violentization process begins with elements of child abuse. It is not the equivalent of child abuse or maltreatment or neglect. It is the first stage that leads to becoming "heinously violent." Child abuse and maltreatment mostly leads to juvenile delinquency. Cruel treatment by others produces a long term and dramatic impact on the course of their lives, (Athens, 1992) but this alone does not necessarily create a violent heinous criminal. According to Athens, extremely violent people consciously construct violent plans of action before they commit violent criminal acts. This is the formula of terrorism as cult and ritual abuse of the 21st century. To become that heinous violent criminal all four stages need to be completed.

Role and Effect of Violence in Development

Literature has shown that there are three types of recognized violence which cause long lasting reactions and effects in children well into adulthood;

1. Child Maltreatment;

Widom's (1989a, 1989b) data, for example, reveal that children with a documented history of childhood abuse and neglect, are at a greater risk for arrest for a violent crime, and are also at greater risk for earlier and more chronic involvement in criminal behavior. Children who suffer from childhood abuse and neglect are left with a sense of conflict, confusion and frustration. Thus, it is not surprising that adolescents, having encoun-

tered conflict, confusion, and frustration, often feel disoriented and anxious (Hunter, 1998). These youth are prime candidates for religious cult recruiters as well as for terrorist groups.

2. Inter-Parental and Interfamilial Violence;

There is statistical evidence that indicates that exposure to violence is associated with later risk for psychological problems and for being abusive to others (Browne and Finkelhor, 1986; Rossman and Rosenberg, 1998; Kratcoski, 1985). Many children experience or observe violence within the confines of their own homes or within their own neighborhoods (Margolin and Gordis, 2000). The Pakistani conference on child abuse reports on their observations during visits made to fundamentalist Muslim homes: there was "slapping, striking, whipping and thrashing" of children, with constant shaming and humiliation, often the children were being told by their mothers that they are "cowards" if they don't hit others. Physical abuse, they said, of children is continuous (deMause, 2002; Mazharul, 1972).

Children's experiences with violence, either as victims or as witnesses, have been described as a public health problem of epidemic proportions (Glodich, 1998; Koop & Lundberg, 1992; Pynoos, 1993). Glazov, (2001) concurs with Widom (1989 a, b) that intra-familial issues of physical punishment, possible sexual abuse, parental violence, and negligence create a wounded child with a sense of emasculation and a rage reaction. It is not uncommon for these wounded children to seek out groups where 'violence' is accepted and encouraged, and at the other extreme these same people are targeted and recruited by cult organizations and abusively duped and used within the cult.

3. Community Violence;

Herman (1997) reported less than 20% of the general population living under ongoing war circumstances, such as in Israel and Kosovo, suffer from PTSD. Laufer, (as cited in Alon, 2003) and Salman (2003) found from their respective studies that children in Palestine and Israel suffer PTSD in the range of 42%–60%. This is greater than the original estimate mentioned by Herman. More research is needed to demonstrate the devastating effect ongoing community violence has on all age groups.

Hendawi (2002) published a newspaper article on the effects on children growing up in what is more or less a war zone. He quotes the director of Gaza city's psychiatric hospital, psychiatrist Abdul-Rahman Bakr, "these children have no idea what a normal childhood is like." In Gaza, the pictures are of battle scenes and the aftermath. Children draw what

they see, says Hendawi. Probably, one of the most devastating effects on children in war such as this is that the children have to face their own vulnerabilities as they bury friends and relatives.

The impact of violence exposure goes beyond emotional and behavioral disorders. It affects children's views of the world and of themselves, their ideas about the meaning and purpose of life, their expectations for future happiness (Margolin and Gordis, 2000).

The first three types of violence have demonstrated the emotional effects on the children. According to Perry et al. (1995) there are also bio-physiological reactions. The child is in a persistent state of fear which becomes a trait. This means that the child will very easily be moved from being mildly anxious to feeling threatened to being terrorized. Perry et al. (1995) demonstrate that the human infant's psychobiological response to trauma is comprised of two separate response patterns, hyperarousal and dissociation. In the long run, maladaptive, emotional, dissociation, behavioral and cognitive problems rooted in the original adaptive response to a traumatic event is what is observed in these children. Dissociation is the end result. When fear is dissociated it becomes impossible for the person's system to learn from punishment (Mednick, 1997) since not all of the system experiences the punishment.

The Future Impact of Societal Ritual Abuse

The fourth dimension: another aspect of family and socio-cultural dynamic is the trans generationalism. Kobrin, in collaboration with Schweitzer (as cited in Chesler, 2004), add a 4th dimension to the cycle that produces what Schweitzer (2001) has named the "human time bombs," that of sexual abuse and mutilation. Kobrin describes below the barbarous cultural background dimension of the suicide bombers: "family and clan dynamics in which children, both boys and girls, are routinely orally and anally raped by male relatives; infant males are sometimes sadistically over-stimulated by being masturbated; boys between the ages of 7–12 are publicly and traumatically circumcised (as cited in Chesler, 2004)."

Children raised in cults or brotherhoods where this similar behavior is experienced follow the same pattern of development. The end result for both groups is a willingness to perform, and perpetrate societal ritual abuse on large populations.

DeMause (2002) expands the perspective into the trans-generational effects of growing up in a violent environment. Reports about a recent survey of Palestinian students indicate that the sexual abuse of girls is far higher in Palestine than elsewhere (Haj-Yahia, 2001). These battered,

often mutilated women in fundamentalist Muslim families and societies are less than ideal mothers and reflect their own miseries on the next generation. A culture, in which shame and honor play decisive roles, and in which the debasement of women is paramount, is able to produce a human bomb, says Kobrin. These women are treated very badly as they are considered the main source of that shame and dishonor (Azim, 2004). The female child in certain societies is often sexually traumatized by abuse or mutilation in the form of clitoridectomy and lives under the threat of death should any male other than her husband ever touch her, she will be killed along with the man or if the man is too powerful to kill, in place of him, so as to preserve the paternal and familial honor. Terrorism perpetrated by women as suicide bombers destroys images of women, distorts the concept of motherhood, and the shocking aspect 'entrances' or mesmerizes the society as the myths break down about how women are supposed to behave in these cultures—submissive, caring and in the background. It is this 'entrancement' that enables the dissociation.

The dissociative personality structure that comes about from the mutilation and abuse in these Islamic cultures is quite often permanently fragmented and dominated by alters. These alters switch in and out of the 'adult' personality (deMause, 2002). This is chaotic and confusing for children. This is a dissociative, debased, and traumatized mother raising her children who will become dissociated, debased and traumatized as well (Kobrin, as cited in Chesler 2004; Volkan, 2002). Magai (1999) and Liotti (2002) concur that a shame-sensitive parent establishes means for the intergenerational transmission of the shame affect which characterizes the fearful-avoidant parent. This, Magai says, is accomplished by the use of coercive disciplinary practices.

This concept of transgenerational exchange of dissociative and traumatized anxiety-based experiences is copied within some of the different communal groups considered to be cults. What has come to light in some places is that there are children born and 'raised' within the communes. Some of these communes raise their children not necessarily knowing who their real parents are. Some of these environments have been cited as sexually overly stimulating and some have been cited as being physically abusive. Those entering these 'cult' groups have been depleted of much of their original personality. As parents they can only pass on what they have left over after their abusive indoctrinations and trainings.

The roots of terrorism and terrorist behavior lie according to deMause (2002), not in an American foreign policy error but rather in the extremely abusive families of the terrorists. Islamic terrorists are often products of

a misogynist fundamentalist system that often segregates the family into two separate living areas, for men, and women with children. This misogynistic and paternalistic pattern is transmitted trans-generationally within the society. It is compounded with the environmental circumstances of constant war and ongoing life threatening events. The result is that the possibility of developing into calm, confident, assured, empathic adults are rather limited (deMause, 2002).

The violence children are exposed to may affect them differently at different ages and may disrupt normal development. Evidence indicates that the exposure to this violence can affect not only physical health and safety but also psychological adjustment, social relations, and scholastic work. The child's view of himself may become distorted along with their ideas about the meaning of life, future happiness and moral development. Garbarino et al. (1991), Ney et al. (1994) and Chesler, (2004) concur that widespread child sexual abuse can lead to paranoid, highly traumatized, and revenge-seeking adults.

Violent misogynistic families appear to delimit the ability to empathize. Most terrorists according to deMause (2002) come from these family types. Lack of empathy is another element in the equation that leads to the unleashing of the societal ritual abuser.

Cementing in 'The Violentization': The Role of the Media

In this conceptualization, the media and the concept of freedom of press become a partner in the enabling of societal ritual abuse.

The technology of the 20th century has elevated the abilities of any government and media, and any one leader to control the minds of mankind. The Orwellian prediction of "big brother is watching you" (Orwell, 1949) is evolving rapidly. Today's mind control by the media is only one example of the many forms of ceremonious abuse that rocks the 21st century.

Individuals already coping with internalized and embedded anxiety are now forced to develop newer more effective defense mechanisms to contain the overflow. Many more persons are now enabled or traumatized into using dissociative mechanisms which are methods of denial, depersonalization, derealization and basically a means of distancing oneself from the horrors around. Through media coverage, PTSD and dissociation, resulting from the viewing of current traumatic events, expand and culminate into ritual abuse of entire societies and affecting globally.

Society Abuse and Media Abuse

Abuse has the clear intent of murder of the soul. Its purpose is to gain total submission over its victims. That control is maintained through the constant and consistent threat of annihilation reported over the media waves; someone (never identified) somewhere (unknown) passed on a definitive message that some terrorist group is going to perpetrate some major disaster on specific airplanes and flights. These flights of course are cancelled. The lives of hundreds of people are disrupted without the pe petrators having to do anything more than pass on a message. Society has been suppressed into submission (CBS News, 2004). Similarly, the RA victim lives in constant threat of the abuser and is silenced into submission and secrecy with the subtlest of threats or bribes.

The 21st century with its media bombardment and hot off the field information has enabled a world to configure itself into states of denial, detachment, despair, depression and dissociation. The knowledge that the fear of annihilation is the reality is felt at the global and individual level equally. Consider the effect the repetitive viewing of the replay of the strike on the World Trade Center had on the millions of people who watched, hypnotically entranced. Over and over again the world watched the ceremony of destroy, destruct and take over. Each replay of the event empowered the al Qaeda movement. Each repetition increased the awe (that kind of awe that is reserved only for God). The pains of the thousands were heard in the background to the 'unreality of the re-creation of the potential destruction of the world by an evil satanistic avenging God. 'For it was all 'in the name of.'

In one corner of the world, in Israel, as the entire world watched the twin towers collapse, Israelis were remembering the weekly bus bombings of 1995, and the continuous terrorist acts perpetrated on almost a daily basis since then. They were remembering their own paralyzed state and feeling it again. They thought—now perhaps the world understands the true meaning of terror. They remembered the fear, the anxiety and the sense of being forced to play Russian roulette every day and against their will; a state of total helplessness.

And in another part of the world—in Turkey and Greece, people recalled with trepidation their own recent natural disaster as they sat staring, terrified at this man made horror show. Theirs were devastating earthquakes that shattered the calm of the world in 1999 triggering all the previous ones experienced (war events that shaped their emotional lives); the God of the Bible promised he would never destroy the world again nonetheless their lives, dreams and hopes were shattered in that mo-

ment of rumbling earth. And the man made assault on humanity brought back the fears. And the fears became anxiety and the anxiety became panic. And their thoughts screamed out "what more is coming, the world is doomed."

The anxiety resulting from the perceived threat of annihilation can become system-pervasive and unbearable. Where unresolved trauma is already present the post trauma stress is more likely to develop into a complex PTSD which is one of the prerequisites of dissociative disorders. Denial can manifest itself as "healthy dissociation" if the choice is life supporting and life-affirming. A more negative format is the 'devil may care' attitude which is acted out by self-destructive behaviors such as reckless driving, drinking, drugging, risky sexual behavior, vandalism and other petty crime.

In the state of denial and dissociation, emotions are on hold. There is a 10-mile stare in the eye. There is no awareness of their state of mind. And of course, there is no reason for therapy. Other difficult behavior patterns are seen in those who have been frozen in a state of high-panic, which inhibits their freedoms of movement, choice, thought and action (Levine, 1997). The media exacerbate and perpetrate fear and threats on its audience. The audience is hypnotized by the media and is transported into the trauma itself. The unresolved embedded anxieties are triggered and the post trauma stress evolves. And the people have become the pawns and passive armies of society's ritual abusers.

The Way it All Works

How Global Societal Ceremonial Ritualistic And Systematic Abuse Dissociates The Masses—The Mechanism Of Defense: Dissociation As Survival

When the basic safety of the individual (Maslow, 1954) is threatened and the notion and perception of the world as a safe place is shattered either by external events such as natural disasters, wars or other uncontrollable events that boggle and co-opt the "mind," the threat of annihilation is then activated in the system. When this happens, the freedom of choice, of thinking, and of being is threatened or destroyed. The threat of loss of physical and essential life initiates the process of dissociation when the flooded being becomes overwhelmed and verges on its own death.

Dissociation is a primary coping mechanism designed to reduce the level of fear and anxiety. Dissociation runs on a continuum from healthy dissociation all the way to PTSD and pathology. The type of dissociation is associated with the magnitude, duration and location of the individual

at the time of the impact of events and past history. Up to 40% of THE PEOPLE will "discover" the defense mechanism of dissociation.

The Process: Reactions to and Coping With Traumatic Events

From the moment of our birth we learn to tolerate stress and discomfort. This ability to adapt and accommodate and assimilate to new life experiences has a threshold (Flavel, 1977; Piaget, 1974). In the aftermath of a traumatic event of mega proportion when assimilation of external data fails and adaptation fails, the brain's capacity to adapt through the functions of accommodation and assimilation breaks down. The perceived threat of potential death triggers the most brilliant of created living mechanisms, the human brain, into a protective mode. To protect the core self the dissociative process takes over when the individual peaks at his stress threshold and is without the means to relieve the stress, assimilate, and process the events. Anxiety-based behavior patterns are born and become the accommodation of the brain and the safety mask of the core self.

The media exposure seem to be able to trigger anxiety-based reactions such as dissociation and denial. When the anxiety is triggered it is superimposed on any embedded anxiety triggered by the most recent traumatic event such as 9/11. A new repertoire of anxiety-based behavior patterns then appear and affect interpersonal and familial relationships and puts this population at greater risk for complex post traumatic stress disorder (PTSD).

A traumatic event is perceived differently by each individual in terms of their own traumatic past, their physical, psychological, and emotional distance from the event. No two people, experiencing the same event, will perceive or react in the same way. Whether a traumatic event is physically or vicariously experienced from any distance (from being in the event or media exposure) the felt stress can develop into post traumatic stress disorder (PTSD).

The following eight circles clearly depict how even at a distance traumatic events can lead to PTSD. Distance from the trauma is visualized in terms of concentric circles where the event is in the center of the primary circle. The trauma experience is measured in terms of distance on a straight line from the core event. The role of prior history of trauma is significant in terms of triggered PTS as the distance from the event increases. Multiple traumatic experiences must be taken into consideration and are relevant in terms of the impact no matter which circle or how far distant one is.

The Eight Circles
1st circle: those hurt physically
2nd circle: those physically present but unhurt, shock
3rd circle: those who were not present at the time but arrived on the scene to assist
4th circle: passers-by who happen to be on the scene
5th circle: those who by chance were not there
6th circle: family members of casualties and wounded
7th circle: casual acquaintances
8th circle: general population

(van Leeuewen, ben Yochanan, 1996)

The Defense of Dissociation Sets In

But the reality is—it is morning and time to go to work—'put on the mask.' And many individuals in homes around the world sit in states of introspection—reviewing buried memories of physical, emotional, monetary and psychological abuse perpetrated on them and never spoken of. And the fear and the panic expand. And we see how people suddenly lose their sense of safety, their sense of freedom, and their rights to live their lives, their rights to think and to choose for themselves. The comfort zone, the sense of peace is gone. But the reality is—it is morning and time to go to work. And the feeling is, that is impossible—'put on the mask.' The heart explodes with the panic and the only way to deal with it is to 'put on the mask' and just do it. And that frozen soul is bubbled into silence. And the world for each individual was changed in little ways every time, all 'in the name of.' For the individual much was changed. The level of anxiety went up, comfort zones became less comforting and pleasure seeking became the goal at whatever cost. And this too is all 'in the name of.'

Society had to find ways and means to lessen the tension and the fears and discovered new ways of living and loving and playing. Different coping attitudes and more hedonistic behaviors; drug abuse increased, sexual frivolity increased, recklessness in all areas increased particularly on the roads, patience lost its virtuousness and a 'devil may care' attitude sprung up. New bullies are born. The news loses its interests. Politics becomes a playground. And running through it all is deep embedded anxiety. Society dissociates from the horrific realities and reflects the dissociative states of the individual. The macrocosm and the microcosm have blended, all 'in the name of.'

It doesn't matter "in the name of" whom. Fear of annihilation is globally and individually shared. A masked dissociated society is the result. Intense anxiety may be triggering dissociation that is the result of the fear of annihilation. And the society and the individual under the systematic ceremonious ritualistic abuse are touched and changed, and the individual and the society become one and the same. And all are wearing masks. It is a costume ball filled with masked guests.

The Role of the Media in Mind Control

Because mind control is the cornerstone of ritual abuse, the key element in the subjugation and silencing of its victims—the effects of media's messages subtle or clear—are particularly salient. This wavelength mind control is no less systematic, ritualistic, ceremonious or abusive to the observer than that of the lone ritual abuser to the person of his choice.

Mind control via the media wavelengths effects the global population. The more global war becomes, the more widespread and destructive its long term effects. As the media play and replay the horrific events of every day, this external source can control the thinking of its audience.

Techniques and methodologies for subtly controlling the thinking of audiences are well known not only to psychologists, commercialists, and sales persons but also to many others who have learned techniques and methods of 'controlling,' manipulating and subtly indoctrinating and programming the other. —Bandler and Grinder (1975) developed the neurolinguistic programming (NLP) on the basis of Erickson's hypnotic techniques.

Wier (2002), reminds us that with NLP it is relatively easy to hypnotize a person and to keep that person in a trance state without their being aware that they are in fact in a trance. The magnitude of influence, mind control or thought control via the media is boggling. The media have become a pawn of the abusers, political activists, terrorists and others. The effects are clearly visible even today on the population at large.

The Impact

The threat of annihilation is activated in the system and the mind is controlled. Mind control happens under deliberately created stress and threat. It is designed to produce a state of social trance. It borders on a state of hypnosis. It is designed to gain control of the mind of the individual creating a totally dependent existence on the mind controller. In this dissociative trance state the individual forfeits his freedoms of thought,

choice, emotions and sense of being.

Osama bin Laden took control of the mind of the world by striking at the heart of the United States. His plan literally boggled the minds. The greater part of the world became his subjects, slaves and hostages. The enormous shock electrified the system of the individual, the group, society and the world: Osama took control of the mind by destroying the feelings by striking at the heart; he deliberately created a dissociative populous that is the true element of ritual abuse.

Constant systematic terrorist bombardment of any kind terrorizes individuals, families, communities, and nations. Every hit threatens the next blow. No place is safe. It is a ritual, it is a ceremony, and it includes a prayer done 'in the name of' a greater God. It is a matter of submit and comply. And the abuser is promised his just rewards in his heavenly state. The Hi-tech world of the 21st century submitted to Bin Laden and through the television wavelengths entered the mind of the world. Mankind went into a hypnotic state, a social trance state, a state of disbelief, fear and anxiety. "Now we have seen it all" mankind said. The world had become goggle-eyed and apoplectic. Today we know we still haven't seen it all (Macow, 2003). And we sit and stare from our trance states watching and waiting for the next act to follow.

Acts of terrorism, war and natural disasters, provide an opportunity to study the development of post traumatic stress disorder (PTSD), and the effects of patterns of behavior under ongoing stress, anxiety, and future threats.

For Israelis, living under constant stress, the threat of the impending Gulf War triggers anxieties embedded and buried in the body and memory system of the individual. Some of these memories are specifically related to the Gulf War experiences of 1991, while others are memories of terrorist actions, other past wars and personal traumatic incidents. To survive, under such circumstances, the stress, anxiety and fear are repressed, suppressed and sublimated into the background where they are constrained and subsequently affect the behavior patterns and physical well being of people.

The threat to use weapons of mass destruction (WMD) in this war is particularly triggering. There are three generations of holocaust survivors living in Israel who react intensely at the mere mention of poison gas, and who still bear symptoms of post traumatic stress (PTS). This population in and of itself is at even greater risk for full blown PTSD under the threat of gas as one of the types of Weapons of Mass Destruction. The idea of a sealed room and a gas mask is associated in most minds with the holocaust and is a resource of anxiety.

Even though Israel was not actively involved in the first Gulf War, the scud missiles from Iraq created an 'as if Israel were at war' situation. Many people in this 'as if' situation reacted with symptoms of acute ongoing traumatic stress. This stress became embedded as anxiety with each act of terrorism over the past 12 years.

Other Effects: Personal Experiences

For months prior to the March attack by the United States on Iraq in 2003, the media around the world portended disaster and even predicted a possible third World War. The world news focused on the implications of losing the war with Iraq. All the news around the world was anxiety provoking. That was a form of mass mind control in operation. The country was mobilized into a defined activity and there was a sense of being one robot among the millions.

As an American living in Israel, my American national identity was confused. The sense of betrayal from the First Gulf War was a threat as the son of the first president Bush set forth to play out the second Gulf War. Till today there is anger and disappointment with the first president Bush. These are residual feelings from listening to his instructions for surviving the First Gulf War. While we were sitting in sealed rooms in 1991 waiting for scuds to fall (39 scud missiles DID fall in Israel)—this man was playing golf on television at his Maine compound and telling the world to just relax and enjoy the war!

In Israel scuds are flying. Bush has set the stage for the sealed room to become a family play room. A year old child is placed in an incubator type gas mask. She is screaming—it is 1991 and the scud is flying. The parents put sweets and special treats in the incubator for her to help keep her quiet. Everyone else plays games in their gas masks—aliens in a foreign environment. And then we ask ourselves why 12 years later—as the second Gulf War approaches she has become obese and comes into my office in a panic state and claustrophobic. Is it really so simple to make a sealed room a play room and expect everyone to come out happy? This was/is her form of dissociation. This is an example of how the first Gulf War 'in the name of' abused an entire country not directly involved in that war. By threatening to send scuds to Israel if the USA started a war, a fear of annihilation was instilled into the total population.

Israel, under direct threat of annihilation by dirty scuds, in the name of protection, forced the use of gas masks on the populace, in the name of 'safety.' This is a population born into the primary circle of the holocaust gassings. The threat of Iraq to use WMD or gas on this population is as

abusive as sexual abuse. It is the rape of the soul of a nation.

The second and third generations were already scarred by the holocaust's dissociative parenting figures and this new threat of annihilation directly affected the life of this third generation holocaust child. A dissociative state emerged in the form of a bulimic phobic. The triggering event was the media exposure to the potential Iraq war which struck her subconscious memory bank where the embedded anxiety was stored and brought forth dissociative states for protection and in the name of 'safety' from further abuse.

As mental health professionals, recognizing that the stress of world events is a major element in the formation of PTS/D and is a precursor of dissociative behavior and Acute Stress Disorder (ASD) is of utmost importance. Below is the continuum chart we suggest which defines the different anxiety based trauma patterns on a continuum depicting the drama of the individual in terms of previous untended embedded traumatic history.

TIME LINE OF TRAUMA TYPES © Yoeli, Prattos 2002

A. Primary Trauma
   1. Single Incident Trauma
   2. Acute Trauma

B. Secondary Trauma
   1. Shock of the Event with Immediate Involvement—Acute Trauma
   2. Past Unresolved Trauma + Observation-Acute Trauma

C. Tertiary Trauma
   1. Vicarious Trauma
   2. Re-Traumatizing With or Without Past Unresolved Primary Trauma

D. Complex Trauma
   1. Shock of the Event + Immediate Involvement + Past Unresolved Trauma Becomes Primary Chronic Trauma

E. Ongoing Trauma
   1. Repetitive Events Perceived/Experienced as Traumatic
   2. Any or All of the Above in Any Combination

The media bombardment of the potential dangers of the U.S. vs. Iraq war produced significantly high levels of stress among Israelis. This added

stress, in an already over stressed and traumatized nation and was prognostic of the development of PTSD in higher percentages of the population.

It massively triggered the unrecognized, unprocessed embedded anxiety from the previous Gulf War and past war experiences, resulting presently in the emotional flooding of the individual, familial and societal systems to such a degree that acting out and dissociation became the only outlet for the release and management of anxiety, panic, helplessness, pain, despair, horror, etc.

Just pause for a second to think of the effect on the future emotional and cognitive development of children as adults (not to mention the current and future functioning abilities of these children). The newly acquired PTSD and the dissociation involved, along with all the embedded anxieties set in motion, solidifies into the vicious circle of trauma, dissociation, and PTSD.

The Greek Story and Israeli Stories

The Greek population is representative of all the world's populations who have experienced the traumata of war and its effect on their lives. War experiences are not discussed openly in the way we are about to do here and now. Some, might want to forget their war experiences and move forward; others, might feel it is weakness, on their part, to admit they have been and still are affected; others are numb, in denial, or still in a state of PTSD. Not enough attention has been given to the direct and/or subtle ways those past unprocessed war experiences leave their scars, become embedded, affect our personalities, our beliefs and life choices and resurface in the next round of disasters. As therapists we need to be aware of these undercurrent effects.

The more global war becomes, the more widespread and destructive its long term effects. Oppression for the Greek population is a highly emotional issue. 400 years of Turkish occupation, being evacuated from Asia Minor and Izmir in 1922; saying No to Mussolini's ultimatum and being at war with Italy; suffering through executions and starvation under the German occupation in WW II; civil strife—a 4 year civil war—and the recent 7 year military junta; all these have left deep traumatic scars in the hearts of most Greeks.

From Greece

Even today, when I am asked where my family comes from, I reply "we are refugees." My father was 4 years old during the evacuation of Izmir, in

1922, and I can see the images, sounds and horror he lived through as if I were there. During his 80 years of life those experiences never lost their vividness and his never ending stories were about their survival, fear, panic, horror and the way these experiences changed his and his family's life. At 4 years old he already had PTSD. He was a son to a PTSD mother of 5 children; he lived in a society suffering a mix of PTS and PTSD. All these traumata went unprocessed, became embedded and transmitted through oral tradition to my generation.

I recently asked my mother's undertaker, a man in his mid 50's, how he chose his profession. He told me that he's a third generation refugee and the third in his family's profession, started by his grandfather in 1923 when he came from Izmir as a refugee in 1922. His primary identity is that of a refugee. If you are both a Greek and a refugee that automatically means Asia Minor, 1922. No words are needed; just a nod and we all know what this means. Greeks know only too well what war means. My generation is the first one not to have experienced war first hand. We felt the threat of war in 1974, during the Turkish invasion of northern Cyprus, when general mobilization was ordered in Greece.

My generation was not raised on Grimm fairy tales but on war and survival stories. Stories about physical and emotional pain, stories about starvation, stories about the experiences our parents and grandparents had during WWI, WWII, the civil war; stories about the pains and adjustments to losing their freedom and having to rebuild their shattered lives; stories about the pains of loosing loved ones during war, and detailed accounts about life in the midst of occupation. No Greek is untouched by war. The anxieties embedded in our bed time stories by our dissociated parents' and grandparents' narrations have remained in our lives unprocessed to date. This anxiety is triggered whenever disaster strikes.

From Israel

The Israeli media focused on the possible dangers this second gulf war might have for Israel. Many people in Israel found themselves in states of what they considered acute stress. What appeared to be happening was that unrecognized and untended anxiety remaining from their first Gulf War (GW1) experiences began to upsurge, oscillate, and resurfaced.

It would seem that the shock of the sudden fear of annihilation such as that experienced during the trauma of the first Gulf War became locked in their nervous system. It has been suggested that the term embedded trauma describes the shock of an overwhelming event that has become fixed in one or more parts of the body, often resulting in disrupted energy

flows (Burns, 2003; Levine, 1997). The effect is played out on the masses. The lone victim of ritual abuse has the same reaction.

Because our daily lives in this 21st century meet traumatic events via media exposure and life experiences, this daily ingestion of threats to our being becomes tiered over previous anxieties stored in the system and which have now become embedded. They include anniversary events, repetitive abuse triggers, releases and upsurges that embedded anxiety. What happens to people on an individual basis ripples through the world. A doomsday fear threatens global sanity, stability and security. The worlds' macrocosm of suicide bombers, terrorists and malevolent religious seekers of converts creating chaos on mankind sets the world in motion in search of safety, an escape from the horror.

Traumatic events that threaten life create intense anxiety. Often vast numbers of people are involved and there is a high percent of PTS/D and dissociative behavior. Abuse in massive form is soul murder of a society just as it is soul murder of the one victim—adult or child. Ritual abuse is a microcosmic format of mass terrorism, the venom of violent abuse spreads through society and the world. Weather and acts of God are uncontrollable, they too devastate massively.

It seems that the overwhelming sense and fear of annihilation, which appears as a common denominator in traumatic events, may be one of the key elements in the onset of dissociation. Every traumatic reaction is experienced firstly by the individual and ripples through to others in an enormous variety of ways. By examining the tragic drama of the individual's trauma we can understand the global impact of world and societal abuse on each and every one of us.

The Trance State

This sense of fear of annihilation evoked in the audience as the media report events becomes overwhelming. Habituation and accommodation take over and enable the individuals under duress to block out the pain of the fear. A trance state happens as a result of the repetitions played out like a tune that endlessly loops in the brain.

Attention becomes limited. That conscious observer part is in the state of trance though the feeling is as if in full function. However, the conscious mind has been disabled. The observing part may actually not function at full capacity. Like being able to give birth painlessly, the trance can divert the attention of the mind away from the pain and still function on another level.

Memory might not work well. The attention is so fixed that judgments

may be faulty, the body may not be sensed and surroundings may seem to disappear (Wier, 2002). The trance effect result of media reported terrorism observed by audiences around the world may vicariously lead to states of PTS/D. Having a mass population entranced by the import of horrific events enables the callous continuance of heinous violent acts. Societal ritual abuse in the form of terrorism can continue unabated at the whim of the terrorist organizations because the masses are overwhelmed and stuck in their own fear codes unable to functionally react. These are the passive armies of terrorism. This process is the evolution into the dissociative states of PTS/D. Relaxation of these anxiety-provoking actions delimits the leaders' (abusers') power and control.

Towards a Positive Future

McFarland (1997) firmly believes that to stop social violence that stems from child abuse, emphasis must be placed on teaching and learning good parenting skills. It is cost efficient to set up parenting centers and long term effective parental training; in comparison to the cost to prepare the military system in a country and the costs of jailing and tending to criminals.

Psychohistorians hold indeed a systemic and holistic view of the problem. DeMause (2002) concludes that: "Only by starting now on a vast worldwide program to end child neglect and abuse and raise all of our precious children with respect can we avoid the likely coming of a global holocaust. Only by reducing dissociation to a minimum through empathic parenting can we avoid inflicting the self destructive power we now have available to us. This is the single most important finding of the new science of psychohistory. Free universal training centers for parents may be a radical new notion, but so once was the idea of free universal schools for children. Our task is clear and our resources sufficient to make our world safe for the first time in our long, violent history. All it takes is the will to begin" (p. 432).

Conclusions

The optimistic conceptualization of both McFarland (1997) and deMause (2002) provides a sense of "it is easy" to do, easy to stop violence and find a more peaceful way to live within the world. All that is needed, say McFarland and deMause, it seems is to teach new parents how to raise their children and the next generation is going to save the world from at the very least the apocalypse and at the very best Armageddon. This is the way and means to stop violence and abuse in the world, they believe.

Based on these simplistic and optimistic concepts many movements toward a more peace-filled planet have come and gone. The idea was to make peace not war. Coffin, was an American protestant social activist leader in the 1960's and 1970's and pursued civil rights and the peace movement. Then, he promoted the idea of finding a resolution to international concerns such as nuclear disarmament, and international peace (Goldstein, 2004). The Peace Corps movement started by the [Peace Corps] agency of the U.S. Government, in 1961, by executive order of President Kennedy was another move towards spreading goodness and sharing technology around the world. The congress approved it as a permanent agency within the department in the late 1960's and said its purpose is to assist underdeveloped countries in meeting their needs for trained manpower (The Columbia Encyclopedia, 2004).

Other types of movements have been devised to demonstrate that peace is possible between nations and different religious groups. Some have come together in small settlements not as utopia, but as communes such as the kibbutzim in Israel, the international Christian Bruderhof communities in Germany, England, the United States and Australia, and the 19th-century Brook farm transcendentalist collective in West Roxbury, Massachusetts. One other form of communal living is designed not as a statement of peace but as a statement against alienation of peoples. This is the co-housing of the cornerstoners who do not isolate and are active within city life. "Co-housing creates an environment that encourages community," this is not a strongly ideological group (McCarroll, 2002). None of these ideas seems to have managed to achieve the ultimate goal of a non-violent and peace-filled world.

It is not clear what programs or means are needed to move towards a violent free society. It is clear that a beginning is necessary and generating families without violent and abusive patterns is a blessed start for sure. The ripple effect of a violence free family and community will ultimately impact societies and eventually globalize. However, it is not enough to focus only on the individual and the family. Communities and societies and countries must be involved in stopping the violence and abuse and terrorism now punctuating our everyday lives.

According to the literature (Becker, 1992, 1993; Charles, Reynolds & Gatz, 2001), in order for an effective familial pattern change to take place, 4–5 generations of consistent behavior are needed for this change, to become embedded and solidified as a desired and beneficial pattern. That clitoredectomy still survives in 35 or so countries and reflect the difficulties of making the change (Azim, 2004; Kobrin as cited in Chesler,

2004). Within some violent and abusive families and cultures, where honor is more important than life sometimes the legal systems close their eyes to the violence of the actions and actually condone the revenge (Ruggi, 1998). To reach that goal not only must the family behavior patterns and beliefs be changed but the environment must be supportive of a change from violent to non-violent.

Worldwide health concerns such as the polio vaccination provide another and poignant example demonstrating the need for 4-5 generations to effect change. Since the start of vaccinations against polio, our planet as we knew it with polio became almost totally free of the disease. A few small countries stopped the vaccinations. This year, two generations down the line of no polio, the world suddenly found itself under the threat of the re-emergence of polio in potentially epidemic proportions. Massive efforts were put forth to stop the emergence of this disease in the next generation. This took cooperation, willingness, conscious investment, conceptualization and the belief that the world is better without polio. Most importantly, to make a polio free world every country must agree to vaccinate. After 5 generations of vaccinations the original chain of polio will have been eradicated.

The same formula is needed to bring a halt to the violence as we know it and to the ritual abuse of terrorism in the 21st century. At the start of this chapter it was mentioned that the terrorism may be seen by some as legitimate and applauded,—and be abhorred by others. Whether terrorism is seen as legitimate or abhorred, it remains an act of violence and abusive of and to societies.

The exodus by the subjugated Jewish people from Egypt to the desert and to Canaan, 'the promised land', is said to have taken so long because their god wanted only those not born into slavery, 'the pure of heart' to enter the new land, the land of their freedom. The stories from the bible which describe the history of these Jews in the Promised Land is not one of freedom. The story of this nation is fraught with the wars over power and control, over freedom and choices and hatred, terrorism and pain, struggle and hardship.

What is clear is that the struggle was violent. And the violence begot more and more violence. And still there is violence 'in the name of' and terrorism's ritual abuse 'in the name of.'

On the other hand, while world powers rise and fall, and it is clear that change requires hard work, there are people who care, who raise their voices, who are willing to work towards the safety and freedom of mankind. We also see that there are more and more of these people seeking the

voices to combat the pain of the world. Today appears as the awakening of the first of the 5 generations in the chain of change. People supporting McFarland and deMause have already begun their preparation work and the 3rd and 4th generations are ready and willing to make sure that the 5th generation is prepared for the future of mankind. A future that is without violence, terrorism and ritual abuse.

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Chapter 10

The RAINS Network in the UK (Ritual Abuse Information Network and Support)

Sandra Buck

RAINS is a loose network of people who mostly live in the UK and work with survivors of ritual abuse, both children and adults. In this chapter I describe how it was set up and the kind of support the network offers. I offer a flavor of what I have observed in the UK over the last fifteen years.

A committee of volunteers manages the network. Support is provided through the Helpline and coordinated by Dr. Joan Coleman, a retired psychiatrist. Not all callers who are working with survivors join RAINS (Coleman, 1994). For those who do, there are regular meetings, and informal contacts between members. Information is exchanged at meetings and circulated to members. This can be about publications, news articles, TV programs, courses or conferences. Meetings are in different parts of the country, but probably reflect where most members are, in the South of England. Confidentiality is essential. Whilst we share some information about clients, we do not identify them. Members also link in with other organizations, such as UKSSD[1] (United Kingdom Society for the Study of Dissociation), TAG[2] (Trauma and Abuse Group), SAFE[3] (a helpline supporting survivors of ritual abuse) and LASA[4] (League Against Sadistic Abuse).

We continue to use the term 'ritual abuse,' whilst recognizing that sadistic torture and mind control is the reality. In the UK, the majority group we have identified can be described as Satanists (Sinason, 1994).

1 UKSSD, the United Kingdom Society for the Study of Dissociation is a component study group of the International Society for the Study of Dissociation. Their web site is http://www.ukssd.co.uk.

2 TAG is a study and support group for those working in the areas of trauma, abuse and dissociative disorders. It provides information, support, training, encouragement and networking for professionals, carers, pastoral workers and any who may have an interest in working with individuals who have suffered severe traumatic experiences and abuse in childhood. Their web site is http://www.tag-uk.net.

3 SAFE is a helpline formed in 1989 by a ritual abuse survivor, Sue Hutchinson. A team of volunteers now organizes it and answers the phone.

4 LASA, League Against Sadistic Abuse, was formed in 1994 by the mother of a young woman ritually abused by her father (Wheaton, 2003). The group supports non-abusing parents who are often in conflict with the courts and social services about what happened to their children.

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How it Started

RAINS began in September 1989. Two social workers, a psychiatrist, a psychiatric nurse and a lecturer in social work met to discuss how to respond to the needs of people like themselves, who were coming across 'ritual abuse' for the first time. The social workers were Judith Dawson (Child Abuse Consultant for Nottingham Social Services) and Chris Johnston (Leader of Team 4, a specialist team set up in 1987 to work with the children and families in a complex multi-generational child abuse case in Broxtowe, Nottingham). Dr Joan Coleman was the psychiatrist and Eileen Reeves the psychiatric nurse. In 1989, Joan and Eileen worked in Surrey, and had supported two adult survivors since 1987. The lecturer, Jeff Hopkins, had a special interest in staff welfare. He has written about the strains on social workers who discover abuse on a scale that challenges people's assumptions (Hopkins, 1989). At the beginning, staff who needed the support of the RAINS network made contact through his department.

This visionary group of people recognized that their isolation had increased their personal distress, and decided to reach out to others. Apart from Nottingham, there were workers in Congleton, Rochdale and Essex, all dealing with children who were trying to communicate terrifying experiences. They did this as children do, through their behaviors, drawings and play. Eventually some of the children talked about what had happened to them. Staff and foster parents wanted to talk to others who knew about the subject, but they were afraid that any outside contact would discredit their evidence. So many remained isolated until after court cases. This need for contact always came *after* they concluded that the nature of the children's experiences was ritual abuse. Social workers in other areas were instructed not to make contact with the Nottingham team. There were fears in reaching out; fears about 'contamination,' or rather fears of being accused of having been contaminated by information.

Sinason (1994, p. 7) tries hard to make sense of this hypothesis of contamination. Scott (2001, chap. 2) extends this further by discussing the "...discourse of disbelief which developed in response to allegations of ritual abuse in Britain, the Netherlands, North America and Australia in the mid–1980s." (p. 34). I struggle with it too. As a medical student I was taught symptoms and signs of common and less-common illnesses and how to investigate them to make a diagnosis. If the last illness I learnt about was meningitis, I might fear that someone with a fever had meningitis, but in the absence of a rash and neck stiffness, and with a painful ear and an inflamed eardrum, I would diagnose otitis media. Being intellectually fascinated or anxious not to miss a more rare condition would not cause an

epidemic of meningitis. When HIV infection was first identified as a new illness, doctors shared information with one another through journals and conferences. That is the scientific method and how knowledge develops, using established problem-solving techniques.

The Nottingham social workers talked to other professionals about the signs and symptoms these children presented, to understand what the children were communicating. They were accused of contaminating the children's accounts and influencing the Broxtowe children to disclose certain events *after* the social workers had learnt about them. This was not true. Judith Dawson is very clear when she states, "It is being said that we were influenced by our consultations with occult groups, but the children's disclosures came first. We felt we had to take on this research to make sense of what they told us" (Campbell, 1990, p.13). It is said that children disclosed certain details to foster parents after social workers read a list of 'satanic indicators.' Again, Judith Dawson states, "...we were not given the 'indicators' until we'd already heard the children's stories." (Campbell, 1990, p. 13).

Some Historical Detail

This is needed to explain more clearly how the RAINS network began. Dr Joan Coleman and Eileen Reeves came across ritual abuse in1987, when a long-standing psychiatric patient who repeatedly self-harmed began describing ritual crimes which were based in a Satanist cult. She was dying of leukemia, and wanted to tell them as much as she could (Coleman, 1994). In 1989, a young teenage girl who was a survivor of a ritual abuse was also referred to Dr Coleman. That was when she and Eileen Reeves began making contact with other professionals, driven by their own isolation. "We have since heard similar accounts many times and as a friend once warned me, 'You can get used to anything.' But we shall never forget the horror, fear and isolation of that winter" (Coleman, 1994, p. 242).

Broxtowe, Nottingham

Joan and Eileen met Judith and Chris at a conference in April 1989 (Coleman, 1994) and later in the year at what is now known as 'The 1989 Reading Conference.'[5] Judith and Chris presented a workshop describing the accounts of the Nottingham children, and how these had evolved. It began in 1986 when siblings were removed from their parents because of

5 This was 'Not One More Child,' a conference organized by Norma Howes, an independent social worker. Its reputation is based on the hypothesis that those attending it became contaminated by knowledge of ritual abuse, which had been transported from the United States.

neglect. Very soon, children who had been removed for neglect disclosed sexual abuse. In one family, the elder child began to describe repeated sexual assaults, and the youngest exhibited obsessive sexualized play. Later the eldest said that other adults as well as his parents had physically hurt him and done sexual things to him. Later in the year, he described being witness to his cousins being hurt and sexually abused at what he called 'witch parties.' Each group of siblings was placed with different foster parents, and the children had almost no contact with one another. Gradually these children independently began to describe similar scenes, such as drinking blood, and drawing upside-down crosses (Tate, 1994).

In July 1988, Wardship[6] proceedings were taken to protect the children. In the Nottingham Crown Court, Mrs. Justice Booth (the judge) stated, after hearing the evidence presented to her, that the children had been the victims of ritual abuse in satanic ceremonies (Tate, 1994). She directed that the children should not be formally interviewed, but the foster parents should continue to record the accounts the children gave. All these 'disclosures' were recorded in diaries by the foster parents and all significant drawings were kept. Mrs. Justice Booth also directed that her judgment and the documents concerned in the case would be made available to the Chief Constable of Nottinghamshire and the Crown Prosecution Service. The defendants appealed against this decision, but this failed in the Court of Appeal (Tan, 1988).

In February 1988, eight adult family members and one family friend were arrested. All defendants pleaded guilty in the Nottingham Crown Court in February 1989, except the grandfather. The Police presented evidence of physical and sexual assaults. Several children gave evidence by video link, the first time this had been used in a Nottingham court. Out of respect for the children's terror regarding people dressed in robes, the judge and barristers removed their wigs and robes. Eight family members and one family friend were found guilty. They were sentenced to a total of 43 years, sentences ranging from 2 to 10 years. Mrs Thatcher, Prime Minister at the time, spoke from dispatch box in the House of Commons and praised the Nottingham team and Nottinghamshire Social Services

6 Wardship: The High Court has powers to make certain orders regarding children who have been removed from their homes, are in serious danger or are at risk. The High Court can make the child a Ward of Court. This means that the High Court has responsibility for that child and no orders can be made or action taken which affects the child, unless permission is obtained from the High Court first. The Children's Act (1989) now allows courts, including the High Court, to make orders relating to children, so Wardship proceedings are now infrequently used. (Modified from http://www.compactlaw.co.uk)

Department (Campbell, 1990). The Nottingham team was soon to fall from grace.

There was conflict between the Police and the special Social Work team around reference to posh houses and ritualistic activities. The Police did not find evidence of children being taken to large houses credible, despite children's evidence being corroborated by information from three adults in the extended family. (These adults helped secure the conviction against the adult members of the family, as they testified in court about being witnesses to the children being sexually abused.) The Police investigated these leads 9 months later after pressure from social services management. The investigation was not conducted jointly with social services and social services were not informed on what basis it had occurred. Social services were informed that the Police found no evidence of ritual or satanic abuse.

Relationships deteriorated and in the summer of 1989 the recently appointed Director of Social Services banned Team 4 from talking publicly about the case, and set up a joint 'enquiry' team (JET). This team (with joint representation from social services and the police) was to investigate the circumstances of the Broxtowe case, look at evidence of whether satanism had been involved, and settle the row between the agencies.

The Joint Enquiry Team

Many authors have criticized the choice of the people who were appointed to the Joint Enquiry Team and the experts they used (Scott & Snelling, 1994; Tate, 1991, chap. 7). The main criticism was a distinct lack of experience in working with severely abused children. One professor of child development used as an expert had no professional experience of work with abused children, apart from his research exploring how often parents in Nottingham smacked their children (Newson, 1970). The JET report was never published but was leaked to Central Television. The press release, "A top level independent inquiry into Britain's biggest child sex abuse case has labeled the methods used to question children as tantamount to brainwashing and worse than Cleveland"[7] (Central Television

7 Cleveland is a county in the North East of England. In 1987 conflict between agencies in child protection reached a crisis. Increasing numbers of children were removed from their parents after two pediatricians made medical diagnoses of sexual abuse. On July 9, 1987, the Secretary of State for Social Services set up a Statutory Inquiry to investigate how the agencies had dealt with suspected cases of child sexual abuse (Butler-Sloss, 1988). The remit of the Inquiry was not to establish whether the children had been sexually abused (p. 183). The historical background and the context in which the crisis arose are explored by five of the people involved in these events in *Child Sexual Abuse: Whose Problem? Reflections from Cleveland* (Richardson & Bacon, 1991).

Press Release, 1990, March 27).

Mary Midgely, formerly senior philosophy lecturer at Newcastle University, was asked by the Joint Enquiry Team to look at their methods. Her conclusions were more thoughtful.

> I found that all the people who believed were closest to the facts. All the people who did not believe did not seem interested in the facts. If they wanted to believe the whole thing was invented then they needed to talk to the people closest to it. But the inquiry team did not talk to the children, the foster parents or the social workers. I find this behavior most eccentric. Everyone who disbelieved the children seems to have assumed that what they were saying could not possibly be true and devoted their attention to proving how people could have made it up. They missed a stage. (O'Sullivan, 1990)

The JET Report stated that the social workers and foster parents had contaminated the children's evidence and caused the allegations of satanic rituals. They came to this conclusion by examining key words that the children had been recorded as saying, and key events in the development of the case. It is an attractive hypothesis. Evidence for and against it is not explored in the revised version of the report written in 1990 which appeared online in 1997 (Anning, Hebditch & Jervis). The case is not proven, but most journalists prefer to blindly accept the JET report, which is public. The Nottingham case is dismissed in the majority of references to ritual abuse in our media.

Judith Dawson and Chris Johnston were eventually allowed to read this report, but only after it had been leaked, and when Team 4 took out a formal grievance against Nottinghamshire Director of Social Services, David White. They produced their own report and replied in detail to the criticisms of their team. This has not been published.

The Director eventually made the following statement, modifying his previous stance that ritual abuse was not a feature in the Broxtowe case, to a Nottinghamshire County Council meeting in 1990:

> Although I originally accepted the Joint Enquiry Team's view that ritual abuse was not a feature of the Broxtowe case or its aftermath—and indeed this is the view of the Chief Constable and others given the lack of substantiated corroborated evidence—I do feel that on the basis

> of the strength of the children's testimony it would be unwise not to accept the possibility that there were ritualistic elements to this case.
>
> ...My opinion, given all the written material I have reviewed and the comments of the judiciary, is that the disclosures made by the children are unlikely to have been created in their minds by the social workers or foster parents. (Tate, 1991, p. 317)

Nick Anning, David Hebditch and Margaret Jervis[8] published the revised edition of the JET report online in 1997. There is no comparison of this online version and the original full report. The authors of the original report revealed that they were not nearly as open minded as suggested in the revised version (Tate, 1991, chap. 7). Nottingham County Council went to court several times in an attempt to force the removal of the report from web sites. They were successful, but more sites appeared. In 1997 there were allegedly 35 mirror sites of the summarized report.

Houses

The Joint Enquiry Team was very dismissive of the evidence of the houses that the Broxtowe children had independently identified as places where 'witch parties' were held. One house was not mentioned in the JET report or on any of the TV documentaries. Two adult survivors independently visited Nottingham sites where they had been abused. They both live away from Nottingham and do not know each other. They visited with different therapists, in different years. The therapists eventually discovered it was the same house, and the same one that the children had pointed out. This discovery was made *after* the house was identified (personal communication from RAINS members).

Tunnels

The Joint Enquiry Team was equally dismissive of accounts given by the children of being taken from one place to another by tunnels. One tunnel was reported to end in St Mary's church in Nottingham. In 2002, a tunnel was found under a modern museum in Nottingham, The Galleries of Justice.

8 Nick Anning (now deceased) and David Hebditch are investigative journalists. Margaret Jervis is also a journalist and legal adviser to the British False Memory Foundation. Orr (1996) has criticized Jervis's support of a pro-pedophile book (Li, West & Woodhouse, 1993).

> (It) came to light when archaeologists were excavating 14th century man-made caves under a museum and accidentally broke through a rotten wooden floor into an even older excavation beneath. ...Experts from the University of Nottingham are about to start clearing the rubble and will also try to find the entrance at St. Mary's. ("Robin Hood," 2002)

Part of the mythology about Robin Hood refers to him being trapped in St. Mary's church and using the cave system to escape. At the time the JET report was written, much was made of the fact that tunnels had not been found under the McMartin Daycare Center in California. When an independent archaeologist excavated the Daycare Center in 1990, tunnels were found and details corroborated the children's descriptions (Summit, 1994). The accounts of the Broxtowe children may also be corroborated further.

My Link into RAINS

This happened from my links through child protection work with Judith Dawson. As social work investigations unfolded, Team 4 had to try and make sense of children telling their foster parents what seemed to be unbelievable events. After 12 months or so, they came to understand they were dealing with children who had been tortured and abused in a most frightening way (Campbell, 1990; Dawson & Johnston, 1989).

I worked as a psychosexual counselor in the 1980s. From my work with adult survivors of sexual abuse, I formed links with several probation officers and social workers in the area. We shared our learning as we came to terms with the sexual abuse of children. I was asked to do some short-term work supporting the team of probation officers who had been assigned to the adults charged with 150 offences against the Broxtowe children. The probation officers were traumatized from reading the affidavits regarding the children. They were unsure if they should work with these adults in the same way that they did with other sex offenders.

Chris Johnston met with the probation team and myself to describe how Team 4 came to understand that the children had been sexually abused in their families, but also tortured and sexually abused in an organized way in ritualistic activities. The probation team had many questions and Chris and Judith felt it important that the probation team understood how their perception of what the children's accounts meant had developed. They had methodically sifted through all possible explanations, and consulted with several leading professionals in the child abuse field, including two Child Psychiatrists and a Forensic Psychologist.

I respected the thoughtful way these two women and their team had approached such a difficult task. I first met Chris Johnston in a multidisciplinary training event in the early eighties, and recall her honesty in demonstrating a situation where a child needed protection from sexual abuse and all the agencies made mistakes. This was before professionals were issued with guidelines and procedures regarding sexual abuse of children. I needed to explore things further for myself and gain a deeper understanding of what had been described to us. Instead of sifting through the affidavits that the probation officers had read, I spent an afternoon reading through the diaries and looking at drawings relating to two of the children. As I reflect on it now, I can feel the chill that went through me. What I read felt absolutely authentic. I comment only on one of the diary pages that made such an impact on me. The foster mother had recorded an interaction when she didn't want to listen to the child, for whatever reason. The child said something; she told him not to be ridiculous; he said it again; she ignored him. This seemed to go on and on, until he insisted it happened, eventually shouting at her something like, "He *did* do it. He *did* do it." This does not fit in with the views presented by the Joint Enquiry Team (Anning et al, 1997) or Jean La Fontaine (1994, 1996). This child had to persist to be heard.

This is not a criticism of the foster mother. At the end of that day, I fully appreciated the context and was moved to tears by how she responded to the two children and documented the day-by-day fears these children struggled with. It was an account communicated with love and compassion. Most of the probation team considered the accounts given by the children were true at the core, albeit with some distortion because of pain, fear and/or the use of drugs. Some continued long-term work with those offenders serving longer prison sentences.

I was warned I might not feel very well after reading the diaries. I did not want to go back and read more. I could think of no other explanation; these children's experiences were beyond what I knew about. I had heard some horrific accounts unfold from adults in my counseling room over the previous nine years, so I was no stranger to what adults can do to children. I had also worked with adults with multiple personality states, now called Dissociative Identity Disorder. As time went on, I was to hear further accounts from adults who had survived similar tortures to what the children described.

I have no attachment to any religion, and would probably be most comfortable being described as a humanist. I fully respect others whose beliefs and experiences are different to mine. Within the RAINS network there are many like myself, and many who do have a religious faith. Some

of these do not believe in satan as an entity, and some do. Most do not believe in demonic possession, but some do. Survivors will find counselors with whom they feel most comfortable. Those who feel terrified of any organized religion will find counselors who have no significant attachment to a religion, or who keep it entirely separate from their counseling out of respect for the other individuals needing to find their own path.

The RAINS Network

By word of mouth, the RAINS network reached 150 members in its first two years and as of 2003 has supported more than 500 professionals and carers. These include clinical psychologists, counselors, psychotherapists, psychiatric nurses, social workers, rape crisis and other helpline counselors, doctors (including GPs), police, probation and prison officers, clerics, psychiatrists, nurses, foster parents, carers and staff from the NSPCC (National Society for the Prevention of Cruelty to Children). Members come from all over the UK, as well as Eire, Belgium, Sweden and Germany. Individual members link up with professionals around the world. In 2003 we still had nearly 200 active members.

From 1989 to 1995 there were similar numbers of members working with or caring for children as working with adult survivors. These were mainly social workers, clinical psychologists and foster parents. Since 1995, the number of social workers and clinical psychologists has decreased dramatically, and now most members are therapists or counselors working with adults. Church ministers and psychiatrists[9] are small groups, each making up only 3% of the total membership

RAINS began with bi-monthly meetings. By 1991 we reduced it to three meetings a year, and we planned for members to meet in local groups for support. This has happened in some areas, but is not widespread. Dissociation is a key therapeutic issue for therapists and carers. Several clinical psychologists are members and have supported us with their considerable experience in working with dissociation and survivors of sexual abuse. Sara Scott writes of her reactions to learning about dissociation as she contemplated the significance of this for her foster daughter.

> A fortnight before this journey, I had been to my first RAINS (Ritual Abuse Information Network and Support) meeting, and I heard a psychologist talk about a client with MPD...

9 Not many adult psychiatrists in the UK train in psychotherapy, and Dr Coleman (1994) describes her surprise in the 1980s upon discovering that the effect of sexual abuse as children was the core of many of her patients' psychiatric problems.

> What I found was a framework for making sense of Sinead's practice of going in and out of trance (frequently facilitated by staring at light-bulbs) and the extremely contradictory impulse and emotions she displayed. (Scott, 2001, p. 170)

We have been fortunate to engage some overseas visitors to share their experiences with us. In the summer of 1992, fifty-six of us packed into a hot schoolroom near Euston Station in London to hear Pamela Hudson. Pamela is a licensed Clinical Social Worker and Therapist who worked with 24 children subjected to ritual torture at a Day Care Center in Mendicino, California (Hudson, 1994). It was in the earlier part of this meeting that Valerie Sinason introduced Anders Svensson. He is a clinical psychologist from Sweden who works with the learning disabled. He told us how he facilitated a severely learning disabled woman to describe how she had been raped. When she went on to describe marks on her wrists and ankles from being tied up, he sought consultation with Valerie as he had read about her work with learning disabled patients who had been sexually abused. They communicated by Anders translating his recordings of his patient, and faxing them to Valerie at the Tavistock Clinic. His patient lived in a community home. She was taken out of the home at night to a strange house, and tied to a chair. She described being naked in the moonlight, but also talked about different colored cloaks and robes.

Eventually she described a group of people she had witnessed who showed disgusting films and made her eat dog shit. She witnessed children being sexually abused and talked about the devil. It dawned on Valerie and Anders at the same time that this was ritual abuse. Many people experience a disabling terror hearing accounts like this for the first time. Valerie and Anders vividly describe this in their chapter in *Treating Survivors of Satanist Abuse* (Sinason & Svensson, 1994). This was the first case to be written about in Sweden, but not the last. When Anders presented this chapter at a conference in Sweden, it was clear from the people who approached him that there were others. When Valerie spoke out in her workplace, she was put in touch with other professionals who were also working with survivors. She met even more when she came to her first RAINS meeting.

Professor Karel Pyck, a Child Psychiatrist from Belgium, visited us in 1994. He began studying the backlash (against those working to support children and adults who have experienced serious child abuse) after being stopped from professional work as a Child Psychiatrist following his stand in court about a child (Pyck, 1994).

Forty-three RAINS members will never forget our meeting with Jean La Fontaine in February 1992. The Department of Health announced it had engaged someone to investigate whether ritual abuse existed or not. We were not very enthusiastic about it being an objective investigation. Joan Coleman met with Jean La Fontaine in September 1991 and felt positive about her. After consultation with members, she was invited to attend one of our regular meetings. Members were told in advance so that they could decline to attend if they wished. Joan was right; Jean was most charming. She announced she would make no notes at the meeting, out of respect for confidentiality. Members were reminded by Joan, who chaired the meeting, not to give names or identify features about any of their clients, as is the usual policy. After the experiences of disbelief in response to what happened to children in Nottingham, Essex, Congleton, Rochdale, Manchester, Ayreshire and the Orkneys, we wanted to listen to someone who said she was prepared to take our second-hand accounts of survivors' experiences seriously. Some of us were trying to be open-minded about her whilst retaining some cynicism. Some felt positive about her whereas others retained their cynical stance.

There were foster parents and some new members at the meeting. The new members described feeling very traumatized by the accounts they had recently heard. It was a profound experience to witness all these people sharing their frightening discoveries. Joan has written in her brief minutes of the meeting that Jean La Fontaine had indicated it had been valuable to her, and the description of the cases had shown her the core of the subject.

Before publication of La Fontaine's report, there was an all-party press conference on May 25, 1994, at the House of Commons. (The findings of the report had already been leaked to the press.) This press conference was called to challenge La Fontaine's findings and was attended and supported by Llin Golding (Labour Member of Parliament), David Alton (Liberal Member of Parliament) and Geoffrey Dickens (Conservative Member of Parliament). Presentations were given by Joan Coleman (RAINS), Valerie Sinason (then at The Tavistock and Portman Clinic), Hereward Harrison (ChildLine),[10] Sue Hutchinson (SAFE) and others. There was very little publicity after this press conference. Jean La Fontaine's summarized report was published a week later. This received the full attention of the press. The press conference challenging its finding was sidelined.

10 ChildLine is the UK's free, 24-hour helpline for children in distress or danger. Trained volunteer counselors comfort, advise and protect children and young people who may feel they have nowhere else to turn. ChildLine operates out of ten counselling centres around the UK: Belfast, Glasgow, Leeds, London, Nottingham, Manchester, Swansea, Rhyl, Birmingham and Newton Abbot.

In her report, Jean La Fontaine stated that there was evidence of ritual in only 3 out of the 84 cases she looked at. In those 3, she claimed the purpose of the ritual was to frighten the children in order to abuse them and keep them silent. She maintained that no belief system was involved.

Several authors (Kelly, 1994; Scott, 2001;Tranter, 1994) have criticized the report. In fact, assessing the evidence of the 17 cases in Nottingham, she did not speak to the children's foster parents; she did not examine any of the children's drawings or foster parents' diaries; she concluded that the 'stories' evolved from contamination from the social workers and religious extremism. I know most of the social workers, and they cannot be described as religious zealots. They are professional, intelligent and thoughtful women. I have the utmost respect for them.

Information from one of our meetings was leaked to the press. An article appeared in *The Oldie* by Rosie Waterhouse (1992) two weeks after our meeting with Jean La Fontaine. Rosie Waterhouse had included accurate information, some of which was mentioned only at the end of the meeting and some mentioned to Jean La Fontaine during the coffee break. Some information was incorrect. We are still puzzled about the journalist's source for this information, and why there was no reference to Jean La Fontaine being at the meeting.

Our first conference was in 1996, *Better The Devil You Know*. We invited speakers from the US and Netherlands. Main presentations were from Joan Coleman, Hereward Harrison (ChildLine), Joan Golston (US), Catherine Gould (US), Norma Howes, Marjorie Orr (Accuracy About Abuse), Sara Scott, Valerie Sinason, Caryn Stardancer (US), Tim Tate and Sheila Youngson. Members of RAINS presented Netherlands described his experience as a GP in a small town called Oude Pekela, and the backlash following the case. Main presenters also ran workshops, and Caryn Stardancer[11] was greatly appreciated for her thoughtful presentation and practical workshops for survivors.

For the conference in 2001, *The Dark Side of the Rainbow*, we collaborated with The Clinic for Dissociative Studies. We appointed two conference organizers who worked as an excellent team, and were familiar with ritual abuse from their other work. Main presentations were by Jean Goodwin (US), Chris Healey (Police Aspects in UK), Norma Howes, Kobus Jonker (South Africa), Sarah Nelson, Jean Rafferty, Sue Richardson, Sara Scott, Valerie Sinason and Howard Steele. Workshop presenters included

11 Caryn Stardancer is the survivor who launched Survivorship, a journal and web site for survivors of ritualistic abuse, mind control and torture, and their allies. (http://www.survivorship.org).

Thorsten Becker from Germany. Fifteen additional workshops were available over the two days.

Both conferences were well received by those who attended, judging from the evaluations. We did not get it altogether right for survivors, but have learnt from our mistakes. Feedback from all who attended was helpful, with many appreciative comments.

The membership has changed over the years and probably reflects organizational responses to what happened in Nottingham, Rochdale, the Orkneys and The Department of Health report by Jean La Fontaine. Social workers were the largest group to be represented in the early years, but only four have joined in the last four years. Judith Dawson left RAINS in 1993. The largest groups of people joining now are counselors, psychotherapists and Helpline counselors. Individual members write letters to TV producers and newspapers, etc. Joan Coleman has been very active in this regard. As co-coordinator, most contacts come through her now, and she has taken most of the workload for the network to continue.

Religious faith does not feature in our meetings. We are united in our experience of the accounts we have heard, our horror at what human beings can do to each other and our children. We read in our newspapers that boy soldiers are trained to kill in other countries. We acknowledge that children in the Western world are also being trained to kill, but in a secret underworld, where the victims will not be missed.

The Media

For the main part, the media still do not believe ritual abuse exists. Successful prosecutions involving Satanism or ritualized abuse are seldom reported (Tate, 1994). News articles written closer to a case becoming public seem to be more balanced than those that appear later. Individual workers have been trashed in the tabloids and some have lost their jobs.

Some journalists are concerned about ritual abuse and have written intelligent and sensitive articles. They include Andrew Boyd, Beatrix Campbell, Nick Davies, Sarah Nelson, Jean Rafferty and Tim Tate. Some have struggled publishing their written work. *Stolen Voices*, written by Judith Jones and Beatrix Campbell, was published by The Women's Press in 1999 and withdrawn immediately for legal reasons. It was about the backlash in the UK. Tim Tate's book was withdrawn after he was successfully sued over alleged libel implication. He and his publishers apologized and paid damages. "We made it clear we had never intended the detrimental implications found in the text and my book" (Tate, 1994, p. 190).

The British False Memory Society,[12] founded in 1993 by Roger Scotford, attacks the concept of recovered memory and promotes the concept of 'false memory syndrome.' This is still very popular in the media, notwithstanding the report on *Recovered Memories* by the British Psychological Society working group, chaired by Professor John Morton and published in 1995.

> The working party was charged with reporting on the scientific evidence relevant to the current debate concerning recovered memories of trauma and with commenting on the issues surrounding this topic. We have reviewed the scientific literature, carried out a survey of relevant members of The British Psychological Society, and scrutinized the records of the British False Memory Society. On this basis we came to the following conclusions: Complete or partial memory loss is a frequently reported consequence of experiencing certain kinds of psychological traumas including childhood sexual abuse. These memories are sometimes fully or partially recovered after a gap of many years.

The Royal College of Psychiatry also responded to the debate about 'recovered memory,' but the outcome of their investigations was very different. The College set up a small working group in 1994. The working group reviewed "...their own experience, visited meetings and centres with expertise in this field, interviewed 'retractors' and accused parents, and then began a comprehensive review of the literature." (Brandon, Boakes, Glaser & Green, 1998, abstract). The paper caused conflict within the College. One member of the group, Dr Peter Whewell, dissented and wrote an independent report. Four members of the group eventually published their work (Brandon, Boakes, Glaser & Green, 1998).

> RESULTS: There is a vast literature but little acceptable research. Opinions are expressed with great conviction but often unsupported by evidence. No evidence exists for the repression and recovery of verified severely traumatic events, and their role in symptom formation has yet to be proved...

12 The British False Memory Society has a Scientific Board and is similar to the False Memory Society in the United States. The report of their 1998 AGM mentioned they were seeking new funds because a grant from the Department of Health had ended.

> CONCLUSIONS: The issue of false or recovered memories should not be allowed to confuse the recognition and treatment of sexually abused children. We concluded that when memories are 'recovered' after long periods of amnesia, particularly when extraordinary means were used to secure the recovery of memory, there is a high probability that the memories are false, i.e., of incidents that had not occurred. (Brandon et al, 1998, abstract)

The paper is negative about the existence of ritual abuse and dissociative identity disorder. When the Royal College failed to agree on the full report, it was agreed that guidelines taken from it would be published instead. The guidelines have become College policy and were published in *Psychiatric Bulletin* in 1997. (It is also available on the British False Memory Syndrome web site, http://www.bfms.org.uk).

Other backlash groups include AAFAA (Action Against False Allegations of Abuse - and Justice in Psychotherapy (BFMS, 2000), both formed in 1999. AAFAA is a campaigning organization. As part of this brief, it has mailed individuals who associate themselves publicly with child protection issues, for instance by speaking at conferences. One tactic of the campaign was to send letters to such people threatening; "YOU COULD BE NEXT to be falsely accused of sexual abuse." (AAFAA, 2003)

British links with the American False Memory Society were evident at a scientific meeting held at The Royal Society of Medicine on 8/12/1998 and titled, *False Memories of Childhood Sexual Abuse. Is Hypnotherapy Unsafe?* The meeting was hosted by Professor Sydney Brandon[13] (now deceased) of The Royal College of Psychiatry. Professor Brandon stated that it is the middle aged and middle classes who are presenting with recovered memories. He presented no scientific evidence in support of any of his hypotheses. He showed slides of book covers. He stated that watching MPD (Multiple Personality Disorder) therapists was watching a coaching session. "These fads and fashions have come from United States." I was dismayed that The

13 Professor Brandon blamed the 'survivor group' movement for the development of recovered memories, and cited Judith Herman and Bass & Davis. He linked recovered memories in the same bracket as alien abduction and multiple personality disorder. He stated that the Royal College report into recovered memory decided there was not massive repression, techniques used by therapists were questionable and patients were asked to search for memories. He stated that abuse was suggested to them and they were encouraged to join survivor groups, even with no memory of abuse.

Royal Society had been used for such an unscientific debate.

Professor Paul McHugh[14] was the guest speaker from the United States. He underlined what Professor Brandon had said, and said he viewed Multiple Personality Disorder in the same light as alien abduction. He stated that Multiple Personality Disorder is always artificial, and the product of medical attention.

Closing thoughts

Confronting the atrocities that are reported by children, adolescents and adults changes your life. People find that colleagues at work do not want to know (Hopkins, 1989). They become secondarily traumatized from the accounts they hear, and then by the reactions of colleagues and 'superiors' (Dawson & Johnston, 1989). Personal relationships are strained (Youngson, 1994). We obviously need to find more creative ways for the intellectual considerations to be presented in a way people can understand. Putting your head on the block is not attractive when you already feel severely traumatized from the work. Support systems to help workers were in place in Nottingham, but the management silenced the staff. The full story about what happened in Nottingham has still not been heard.

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14 Professor McHugh is a member of the Scientific Advisory Board of the American False Memory Society. He presented one of his own studies, that involved 24 patients who presented alter personalities. He stated there were strong reasons for doubting the reality of Multiple Personality Disorder. He found that it was not hard to persuade his patients to retract, and 75% did. He said they all had a significant psychiatric disorder in addition to presenting with alter personalities.

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Chapter 11

Ritual Abuse—A Personal Account And the Unpublished Police Guidelines

Carole Mallard

In 1989 I was a uniform police sergeant in the Metropolitan Police working in a very cosmopolitan area of Northwest London, on a Child Protection Team covering the Borough of Brent. I had been 'head hunted' for the position due to my previous experience with child abuse issues during my then 20 years police service and because I was respected for my reliability and professionalism. It was probably the most rewarding yet most stressful time in my 30-year career. I retired in January 1999. I could have continued for probably a further 5 years, but I felt mentally and physically drained and decided to retrain in something completely different.

Our team was newly formed, working jointly with Social Services. This was a relatively new system brought about because of past mistakes made due to poor co-operation between the agencies. I had never heard of or encountered a case involving sadistic, ritual or satanic abuse, nor had my colleagues including my boss Rob Lawrence (not real name). He was a Detective Inspector with 20 years experience dealing with the most serious of crimes in the Criminal Investigation Department (C.I.D.). He had served a total of 24 years as a police officer.

An interesting thing happened in September 1989. Three colleagues were to attend a Child Protection Conference in Reading, Berkshire. A telephone call was received in our office from a police officer in Nottingham, in the form of a warning; not to take notice of a presentation about ritual abuse at that conference because it was just social workers getting carried away with their imaginations. We thought it rather odd for officers in another part of the country to go to the trouble of seeking out delegates who were attending and advise them in such a way. It later made some sense when I heard about the Broxtowe case (see Sandra Buck's contribution). My colleagues went to the conference open-minded and briefed us on their return about various presentations they attended, including the one on ritual abuse. There was some skepticism and astonishment by all of our team when they informed us of its content. Little did I know that a few months down the line; I would need to access this information.

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About six months later I became involved in a case where a mother of 6 children reported that her eldest son had sexually abused a sister; this was relatively rare. A joint investigation commenced and I was the officer in charge of the case. The situation escalated, involving a younger son possibly sexually abusing another sister. This was a needy family requiring a lot of support. Unfortunately various social workers ended up being assigned to the case and I was the only constant worker with the family. Consequently the mother would frequently turn to me and Rob Lawrence rather than the social workers. This was to be pivotal to the case and would change my life forever! The mother Anita (not her real name) often rang me daily to share various things happening at home including several crises. Co-incidentally I happened to be in the right place at the right time to help them, so she then had complete trust in us.

Anita displayed some 'odd' behavior during this time that became clear to me later. She frequently went into a trance-like state and I thought she was ignoring something I was saying. I would give her a nudge and say, "Anita I'm talking to you!" She would then respond to me. A few years later I realized this was dissociation. When she sat opposite Rob, who had blue eyes, she would also go into a trance, so he would have to sit next to her to avoid eye contact. She kept having dreams involving blood and knives and said she feared she might harm her younger son. I kept removing sharp knives as a safety precaution and I ended up with about 6 in my office drawer. I took her out for lunch on a couple of occasions for a burger when things got too much for her. I noticed she would not actually eat the meat; she would eat the bun, pick around the burger eating the rest. I chastised her for not eating properly; she seemed to fill up on bread and biscuits. Anita seemed to be mesmerized by flies and would be completely distracted from the conversation. On one occasion I was trying to do a video interview with her youngest daughter and needed some help from Anita to settle the child in front of the camera. She wouldn't even enter the room and said she hated cameras; she did not explain any further. Also when her eldest son got in trouble with the local police, Anita attended the station to collect her son. I got a call from the custody officer worried about her disturbed state when a uniformed officer got close to her. I explained to the officer that she had an abusive background and not to be too concerned. She subsequently explained that something happened to her involving a 'policeman' and she was frightened of uniforms and normally could not trust people wearing them.

After about 5 months of dealing with various incidents involving all the children, including the 2 boys going into care, Anita started doing

some simple drawings because she said she could not read or write very well. They were extremely telling and they clearly showed something terrible had happened to her as a child. Gradually she started to talk about her past. At first she only implicated her uncle; then her maternal grandmother came into the picture, responsible for aborting two of Anita's pregnancies after being raped by the uncle. Subsequently Anita told me other men were also involved and her drawings clearly showed the circumstances; including being photographed. By this time the Social Services had become overwhelmed by her requests for support for the whole family. Anita felt the need to disclose the full truth of her background. Mr. Lawrence and I decided to carry out some taped interviews with her. We were concerned that serious crimes were involved. These crimes happened out of our jurisdiction.

We decided to start during a weekend when we were 'on call,' to avoid the interviews interfering with our heavy workload. Anita came to our office and we tried to make her feel comfortable because she was very nervous. We ensured she did not have eye contact with Rob to prevent her going into a trance on seeing his blue eyes. Rob wanted her to explain what her life was like from day-to-day, not just the abuse. He asked her to think back as far as possible and we were stunned when she said her earliest memories were of abuse from about three years of age, possibly before that. The fact was her life was so full of abuse, mental, physical and sexual; it was a very cruel environment and she knew nothing else.

An amazing thing happened for us; this mid thirties woman spoke in a childlike way. She even corrected us if a question was put that was too 'adult' because she would not have understood at that age. This was something we had no knowledge of and had never encountered before. Rob continued for about 45 minutes, the length of the tape. We had not progressed very far and it was a painstaking process. We thought we could get a full history of her life in probably 3 to 4 tapes, but we were very wrong; we got to 38 interview tapes! Anita's behavior started to make sense to us after hearing about her childhood. The trance-like state was either dissociation or a trigger into a memory. The fear of cameras was because she had been abused and tortured whilst being photographed. Her eating habits were affected because she had been made to eat human flesh, drink blood and ingest other unpleasant matter. The flies now showed importance because she was told as a small child, that flies could report back to her 'group' everything she did and said. So there was no escape from their power over her; she felt they watched her every move. The knives related to a vow that she had been forced to make, to kill her younger son when

he reached the age of thirteen. A blue eye symbol was significant in her group, hence the dissociation when she had eye contact with Rob.

We did some interviews after normal working hours or again at weekends. Her disclosures were slow and very painful for her with lots of pauses; she needed a lot of reassurance to continue at times. Yet she always wanted to continue. She felt a weight lifted from her shoulders and found the process therapeutic. We were out of our depth on a number of occasions, not understanding the belief system and needed help. We referred to the papers brought back from the Reading Conference and found Maureen Davies (1991) listed. I made contact with her and she was of enormous help; we couldn't have managed without her. She has remained a friend ever since.

Anita's disclosures covered the most horrendous abuse we had ever heard, including torturous murders and sadistic sexual assaults on adults and children. Her mother, father, grandfather and uncle were involved too. She described travelling, probably whilst drugged, to various locations, including a boat journey across the sea where they met with other groups and similar ceremonies took place. Her group wore robes with hoods and the other groups wore different robes. Different ethnic groups were involved too and she described in detail a black boy being abused and killed. Anita never got above the age of 10 in her disclosures, which is significant because in the U.K. 10 is the age of criminal responsibility. She was very wary of incriminating herself, because we were the police and could arrest her. Anita did however describe killing animals and babies herself with a dagger, all whilst under the age of 10. These were committed due to her utter fear of what they would do to her if she didn't comply and through indoctrination during childhood. She went through genuine anguish and disgust when she spoke about the killings, but because we did not condemn her in any way, she found the interviews therapeutic and wanted to continue her life story. Unfortunately we were never to fully establish what she did beyond 10 because we were ordered to stop by senior officers.

Rob and I were suddenly under intense scrutiny for doing the interviews. We were also told that our colleagues had complained about us. The nature of the complaint was never properly identified to us. The subject matter of ritual abuse didn't help because some team members couldn't believe Anita's disclosures and thought our judgement was flawed. Our credibility was now in question. We were told that we had lost our objectivity, were too involved with the case, spending too much time on them. They said that her disclosures were not relevant to our responsibilities as Child Protection officers. By discontinuing the interviews Anita was left in the midst of disclosing, with no support, and we felt it would be wrong

to stop at this point. Also we had feared that Anita may have been abusing her children or others in some way and there were issues of ensuring children were protected. Rob was asked to submit a report giving more detail of crimes involved and he also asked to be allowed to finish off the interviews and for senior officers to discuss the contents with us. He made some inquiries to see if any other cases of this type had been dealt with. To our surprise, he found information about several others including one that was still being investigated in East London. Rob identified the evidence obtained from Anita, but she was telling us things that happened over a 30-year period. The report was submitted, and after a month we heard nothing. So late one evening we went hunting for the report to see where it had gone, but we could find no trace of it whatsoever. It had not been registered in any logs and was not in any senior officers' trays. No further discussion ever took place over the report or the interviews; it was as if they had never existed! The senior officers were more interested in criticizing our management skills and we were both told we had to leave. It was done in such a way that you we could not accuse them of a 'cover up.' We did do one last interview with Anita, to explain that we had to stop and wanted to let her down gently. We desperately needed to establish whether she was a risk to children. She hinted that as an adult she had committed serious crimes but declared no current involvement. We doubted that after years of indoctrination she would no longer be involved. We could not pursue it any further because of our orders.

Rob was moved within weeks to an adjacent area and thankfully they gave me some time to find a position that I would like to do. I took some six months to find something. Rob suggested I find something that was less stressful with regular hours and to forget about the subject completely. I pointed out that it was too important a subject to ignore and was very worried about children being victims of such horrendous abuse. I felt strongly that I had to do something about it. We had previously approached the head of Obscene Publications at New Scotland Yard for some assistance and he had some knowledge of the subject. I made him aware of my interest and rang him from time to time to see if there might be an opening. Eventually by late 1991 some internal research covering Organized abuse and Ritualistic abuse was authorized by the Commissioner and I had a job!

I had to work from Scotland Yard with two other officers as part of the research project working within the department known as the Obscene Publications Unit. They were very experienced at dealing with child pornography and pedophiles amongst other things. Our main objective was to produce guidelines for officers who might deal with a Ritual case in the

future. We also aimed to produce questionnaires so that information could be collated and entered on a database. We were supposed to comment as to whether Ritual or Satanic abuse was genuine, but because of a Department of Health report by Professor Jean La Fontaine (HMSO 1994) was being carried out at the same time, the Home Office requested that aspect must be for her to establish.

We supported Professor La Fontaine's research by ensuring her questionnaire packages went to all our Child Protection teams throughout the Metropolitan Police and ensured they were completed and passed on to her. We extracted information from them for our own research with the intention only to look at cases within our own area. I expected our team to speak to anyone who had direct knowledge of Ritual or Satanic abuse, especially those who might have been the first to hear disclosures from children. I had originally been promised the use of a computer to store our data and had hoped that after the research was completed that the database could be continued. When the other two colleagues joined me at Scotland Yard, they thought it was unnecessary to have a database and only wanted to interview police officers; excluding social workers, professionals and carers, all who could have important information. I asked Rob Lawrence to come and persuade my colleagues to support my arguments for keeping the computer and the need for interviewing everyone connected to a case. He did manage to convince them because fortunately he was still a respected detective.

We engaged a woman officer with computer skills because at that time we were novices with computers and it allowed us freedom to get on with meeting witnesses. The press heard about the research and were trying to find out my identity. The publicity also meant a number of people were ringing us with information. Some were survivors of ritual abuse; some were professionals, police officers and support groups. Once the research was under way, we found some cases had links elsewhere and occasionally a person interviewed would make us aware of another case in another part of the country. So we extended the research further afield. We looked at 17 cases in the Metropolitan area and 23 elsewhere making a total of 40.

I traveled virtually the length and breadth of England, Scotland and Wales. All the information from the questionnaires was put into the database. I made a point of meeting survivors when I could; I thought it was very important. Videotapes of the interviews were made with at least two survivors. I have to express my complete admiration and respect for all the survivors I have met; they have suffered so much in their lives. My colleagues did not feel it necessary and made it clear to me they thought

I had been taken in by the subject and ostracized me most of the time. In the end I avoided getting into any discussions with them and just got on with my job. Once all the interviews were completed the material had to be collated and made into suitable guidelines. One of my colleagues was given that task; I was not included, I think because I was seen as being too biased in my views.

During the research the National Society for the Prevention of Cruelty to Children (NSPCC) consulted with our team and offered their assistance in any way, including help with compiling the report. In the early 1990's there were a number of newspaper reports about the NSPCC expressing great concern over child abuse involving bizarre sex and satanic rituals (Jukes & Duce, 1990). They had publicly stated from their own research that they had encountered 6 cases of ritual abuse (Creighton, 1993). Yet interestingly, immediately following the publication of Professor La Fontaine's report, during a radio interview they took a less forthright stance. Christopher Brown, Director of the NSPCC, said on Radio 4, B.B.C.: "We have no evidence for so called Satanism. Whether it exists or not, I don't know. We have no evidence for it within the NSPCC, but we do have evidence of a small number of children who have been abused within a context of some kind of ritual" (1994, June 2).

What I did work on however following a passing remark by Professor La Fontaine, was a chart comparing elements of all the 40 cases. It took many hours of manual trawling of the information we had obtained. It was to be added to the end of the report and guidelines as an appendix. At the beginning of January 1993 I was told that due to various internal administrative changes my attachment to the Obscene Publications unit had ended and I would have to return to ordinary duty. By March I had a position as a uniform sergeant at Whetstone Northwest London, which had nothing to do with child protection at all. The day I left New Scotland Yard I was assured that I would be invited back to act as a 'consultant' on the report. I never heard another word from them. My two colleagues were left writing the report; I know it was completed because another trusted colleague saw it and was asked to assist in 'fine tuning' the content. Unfortunately due to work commitments he was unable to finish the task and I have no definitive conclusions or details from that document. The report there is under lock and key held somewhere by the Metropolitan Police and has never been published; why, you may well ask? I cannot answer that, I can only speculate. However Professor La Fontaine's report was published (1994) and she identified only 3 out of 84 cases she looked at as being ritual but not satanic; where self-proclaimed mystical/magical

powers were used to entrap children for purposes of sexual abuse.

Although I had a copy of my chart when I left the research team, believing I would be consulted over the contents of the report and guidelines, I had to hand it back in 2001. A serving officer, who had started to take an interest in some more recent ritual abuse cases tried to obtain a copy of the research guidelines and inadvertently let slip he had seen a chart that I had. Senior officers felt it should not be in my possession. I am only therefore able to recall some facts from memory. I think the major statistic was 82% of the alleged perpetrators were women. In child protection terms, that is a phenomenal proportion and would make massive headlines if published. Cruelty and torture was involved in 70% of the cases; 70% involved substance abuse (drugs, alcohol, solvents); 60% involved the use of knives or daggers; 60% involved allegations of human sacrifice; just under 60% involved animal sacrifices and over 50% involved taking photographs or videos. As far as some medical or behavioral disorders were concerned there were very high percentages of sleeping problems, phobic anxiety and dissociation.

A number of people have asked about the report or to see it. Interestingly they have been given different explanations as to its location or whether it was ever completed. You might think that having spent so much of my time obtaining the data, I would have been shown the document if only out of courtesy. This research took up the time of 3 officers, a computer operator and a senior officer supervising the team. We had travel, overtime, expenses and other sundry costs for a period of about 18 months; it must have been a very expensive paper exercise.

I also met many dedicated professionals during my travels, some were members of Ritual Abuse Information Network and Support (RAINS) coordinated by Dr. Joan Coleman, now a retired psychiatrist, who asked me to join, which I later did. It would have been inappropriate to join before I had completed my research. During my last 6 years of police service I tried to network with other police colleagues who were dealing with current or past ritual cases. I also felt cautious with officers I spoke to, as I was aware of allegations of involvement in 'cults' by police officers, including cover-ups. I have been available to give advice from a police perspective to other professionals too.

Following the conclusion of the research, I truly believed that it would probably only take a couple of years for something to break and make the public and media believe ritual abuse. One big case with a conviction would do it! We have had a number of cases that have gone before a court, but some newspapers manage to discredit the subject whenever they can. They seem to have their own agenda and frequently repeat the

same old platitudes. Where there has been a conviction involving detail of ritualistic activity, the case is described as a pedophile ring. If there is no conviction and there are clear descriptions of ritualistic activity, it gets discredited as 'yet another myth or fantasy believed by the gullible,' or it might be labeled as recovered memory where the psychiatrists/therapists get the blame for putting ideas into the victim's head. Also some professionals get very personal attacks in the press to detract from the subject matter; complete character assassinations.

So here we are 10 years down the line and no further forward, yet the media accept ritual abuse if it relates to another country or if the victim is black, like the 'Torso in the Thames case,' still being investigated by the Metropolitan Police. In August 2001, a black boy aged about 5 years was found floating in the River Thames; his headless torso has not been identified but genetic information has led Police to believe he came from West Africa. It has been described as a Voodoo sacrifice, a muti sacrifice, a witchcraft sacrifice, a sacrificial killing and ritual killing in the U.K. press. Police are still investigating suspects (Bowcott, 2003). This story has not been discredited because it is seen as a 'foreign crime' relating to West Africa.

I am still waiting for that major case to break.

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Chapter 12

The Orkney "Satanic Abuse Case": Who Cared About the Children?

Sarah Nelson

Introduction

Five years after the dramatic Orkney "dawn raids" of February 1991, when nine children from four families were removed into care by social workers and police, I telephoned one social worker to check a detail about this so-called satanic abuse case, which was publicized in many countries. She had briefly assisted in removing children from one of the families who lived on these remote islands, north of the Scottish mainland.

"I expect you've wanted to put Orkney out of your mind, instead of continually having people ask you about it," I apologized. There was a startled silence. "Oh no no," she replied with emotion. "There's not been a single day since when I haven't thought about those children."

Earlier another child protection worker had described what was most distressing to her about the whole "Orkney affair." It was neither the disturbing testimony of some children she interviewed, nor the heavily-publicized criticism of her own interviewing methods, nor the many difficult days she faced on the Orkney Inquiry's witness stand. It was watching one small girl cross the tarmac from the plane to a huge cheering crowd, to her own parents and a host of TV cameras at Kirkwall airport, after a Scottish judge had dismissed the case in court and the children were all returned home. "It broke my heart absolutely," she said. "We had failed her, and I will never be able to get that sight out of my mind."

Buried in Lord Clyde's Inquiry Report (Clyde, 1992) is an account of this little girl's behavior at her foster parents' house when she heard that she was being returned home.

> She had been given a parcel containing cards and articles from Orkney, but she flung them all on the floor as if in a fit of rage. She was extremely distressed. She cried and indulged in very aggressive behaviour which was quite unlike her, smashing a doll on the ground. She started sucking her thumb. She seemed shocked and bewildered.

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> She said she did not want to go home and stood like a wooden doll refusing to get dressed. She left the foster carer's house in tears. On the journey home she engaged in bizarre behavior unlike anything which she had shown before. (Clyde, 1992, p. 206)

An eight-year-old boy from another family, when told he was returning home, asked his foster mother if it meant all the bad things would not happen any more. He began telling her of things that had happened in a quarry, indicated he had been handled sexually, and said he was worried about games that were played at home. "...the foster mother found the occasion very upsetting."

Although these details about the children's words and behavior are published in the Inquiry Report, they are not in the recollection of the great majority of the British public and media. Their picture of what Orkney was "about" has been very different, and the images scorched on the minds of the two workers are not the same as theirs. Most media coverage and public perception was of ridiculous, unjustified action taken against innocent parents by over-zealous professionals. Nor does the public image of heartless or faceless staff fit with their commitment. Like staff involved in other highly publicized child abuse cases, their continuing preoccupation has been with the children at the heart of the affair. This makes them unusual, for the most striking feature of the whole Orkney saga was how marginal real children became, and how little they featured on most people's agenda—whether they were legal professionals, politicians, civil servants, journalists or members of the public.

This chapter first outlines a brief history of the dispute, before considering some features of media reporting of the case. It asks whether the judicial conclusions, which led to more cautious interpretations of children's reliability in Scotland, were fundamentally flawed. It examines the ways in which the interests of real children were marginalized, and asks what "child-centered" issues the Inquiry might instead have recommended to be pursued and properly funded.

History of the Dispute

Space only permits here a summary of the main features of the Orkney affair, which occupied many reams of newsprint and 350 pages of a judicial report. Names have been changed below: initials only of parents' and children's names were used in the published judicial report.

In November 1990 a teenage girl in the large, disadvantaged Webb family living in South Ronaldsay, Orkney, alleged sexual contact by older siblings and by a minister of the Presbyterian Church. Seven of her younger siblings were removed into care by social workers under Place of Safety Orders.

Between this time and February 1991 a public campaign by some Orkney people against the children's continuation in care included the local Presbyterian clergyman Rev McKee and his wife, the local doctor, the Mills parents and Mrs. Trent. Social workers felt concerned by the huge volume of correspondence some of these people sent to the Webb children, and by many puzzling messages and symbols it contained.

In February 1991, during interviews by RSSPCC (Royal Scottish Society for Prevention of Cruelty to Children) interviewers and police officers, three young Webb children made separate allegations of organized sexual abuse and strange outdoor rituals on South Ronaldsay, Orkney. These were said to involve many adults and children, including the clergyman and the Mills, Trent, Biggs and Hall families. Costumes, musical equipment, trailers and a "hooker" (a type of shepherd's crook) were mentioned.

On February 27, 1991, at 7 am, Orkney social work department assisted by two mainland social work departments, along with police officers, removed nine children from the four families (Mills, Trent, Biggs and Hall) under Place of Safety Orders, and flew them to placements on the Scottish mainland. The grounds for referral of the children made reference to group sexual activities including "ritualistic music, dancing and dress." Parental access was refused along with most personal possessions. Parents and the minister were questioned by the police. All four families were English "incomers" to Orkney (as was the Webb family); three were of middle class background.

A major campaign by the parents and others, including the local doctor, was immediately launched against the children's removal, with high-profile Scottish and English media involvement, largely in support of the parents, who were very articulate in protesting their innocence. The media appeared to make the first use of the phrase "satanic abuse" and the police were said to have impounded objects such as a book with a goat's head on the cover, which invited ridicule.

During March and April 1991 the nine children were interviewed repeatedly by RSSPCC staff and police. Information from interviews of five of the children confirmed some aspects of the Webb children's allegations. In April 1991 the proof hearing was heard by Sheriff David Kelbie. (In Scotland, a sheriff is a type of judge who hears a range of cases, but not in the highest courts.) He held that the proceedings had been incompetent, call-

ing the case "fatally flawed," and the evidence was never heard. Nor has it ever been heard subsequently in any civil or criminal court. On the same day the children were returned home to their parents amid huge publicity.

In June 1991, after the Crown Office (prosecution service) announced that no criminal proceedings would be taken against the church minister or any parents, the government announced a public inquiry under Lord Clyde. Its remit was to inquire into the actions of the authorities relating to the decision to take Place of Safety Orders; the removal of children from home, and their detention in places of safety; and to make recommendations. It was not to inquire into the truth or falsehood of the sexual abuse allegations.

Between August 1991 and March 1992 the Inquiry sat in public in Kirkwall, heard evidence from 75 witnesses and took numerous oral and written submissions. In October 1992 Lord Clyde's report was published. It emphasized that all officials acted in good faith and aimed to make constructive proposals for the future. However the report's 135 summary comments were overwhelmingly critical of the authorities' conduct of the case including their advance planning, coordination, their care planning and interview techniques. The report made more than 190 recommendations for future practice.

These ranged over investigation, removal of children, rights and standards when children are detained, treatment of foster carers, medical examinations, interviewing of children, the role of children's reporter and panels and the role of the social work profession. (In Scotland the reporter is a key child protection official for children; the children's panel is a type of welfare-oriented court, staffed by lay people). Many recommendations influenced the subsequent Children Act of 1995 and hence they had long-term effects. The Act saw changes in child protection orders, a tightening of conditions surrounding such orders, more powers for sheriffs, and provision for removing suspected abusers from home.

The Role of the Media

The media's role in controversial sex abuse cases is important. In Britain, hostile publicity against social workers and other professionals in highly publicized child abuse cases like Orkney, Rochdale (another alleged satanic ritual abuse case) or Cleveland (where the abuse diagnoses of two pediatricians came under attack, 1987-88) have made a disproportionate impact on child protection practice. They affect legislation, guidelines and procedures. Equally important, they intimidate many professionals from taking action on behalf of children, or speaking what they believe is the truth. They heavily influence public opinion, often for many years, about

truth and falsehood in sexual abuse (for instance, does ritual abuse exist or is it just the product of fevered social work imaginations?) No case in Scotland that I can recall since that time of 1991-92 has publicly invoked any mention of ritual or satanist abuse even if this has been believed by the authorities to be an element in the case.

In Orkney the agenda for public discourse and understanding was set soon after the dawn raids, and the media played a crucial role in determining it. Uncritical acceptance by many journalists of disinformation and apparently planted stories foreshadowed features of the "false memory syndrome" debate to come. Journalists who tried to keep an open mind on the allegations of abuse were themselves an isolated minority.

However the media were not the only influences—they interacted with officials and the public to generate one version of reality and one set of memories of what the case was about. Biased reporting was much encouraged by Orkney social work department's refusal to engage with the media and to give the public any alternative information. Divisions between "natives" and "incomers" set up barriers to local knowledge, for many people came to settle in the Orkney Islands from other parts of the UK. People would say that everyone knew each other's business, but in fact the two communities often led separate lives.

Most media coverage (especially in the early weeks of the crisis) apart from the specialist social work press was very sympathetic to the suspected parents and minister, and heavily critical of the authorities. The ritual abuse allegations were widely seen as incredible and ridiculous, the dawn raids as particularly heartless. (Ironically the timing of the raid was one of the few things which Lord Clyde's inquiry did *not* criticize.)

Some media coverage reached fanciful proportions. The language in this extract may be more flowery than usual but the degree of sympathy displayed was widespread. Describing the Mills parents after their children were removed, a *Scotland on Sunday* journalist wrote:

> Jane is thoughtful, articulate and determined, and would best be played by a younger, more vibrant Anna Massey. John—enthusiastic, helpful, deeply troubled—would be William Hurt. ...since she lost her children, Jane says, all her senses have been heightened. "I see every feather on a bird more clearly. I see every drop of rain showing on the trees." ...Jane sums up their time together. "We fell in love, we got married and we lived happily ever after. Then they took our children away." (Ferguson, 1991)

Information relevant to the crisis, such as the history of child protection failures in Orkney in the years preceding the raids, and the suspension of Orkney children's panel reporter Katherine Kemp over perceived failure to protect the Webb children, fell off a media agenda which it did not fit. These issues were discussed in print by only a few isolated journalists.

Because most English and international media disappeared after the first few weeks, only reappearing at the end of the Inquiry, any challenging evidence which appeared had little coverage outside Scotland. Tabloids and broadsheet coverage did not differ widely, perhaps because most suspected adults were respectable, articulate middle class people, with whom "quality" press writers and senior staff closely identified. "People like us," it appeared, were being accused of unspeakable things.

There was in addition a much more hostile strand of the media, personified by the *Mail on Sunday* newspaper, which had a right wing populist agenda and appeared to be conducting an ideological crusade against social workers in general. There was a striking contrast between its heavy criticisms of social workers and the easy passage given to the police who were part of the joint operation. Like the *Independent on Sunday,* where particular journalists such as Rosie Waterhouse repeatedly attempted to discredit ritual abuse (for instance Waterhouse, 1991). The *Mail on Sunday* was also particularly scathing about the existence of "satanic" ritual abuse.

The friendly and trusting links forged early on between the suspected parents—who made rapid and skillful use of media connections—and many journalists meant their claims were widely accepted as fact without checking. For instance most media took on trust that the quarry where abuse was alleged to have happened was where the parents indicated (behind one of their homes). Yet the police, social workers and RSSPCC always believed that outdoor sites for abuse were elsewhere on South Ronaldsay, which is characterized by flat farming land, beaches and shallow, water-filled old quarries.

As an experienced journalist, I also encountered a puzzling scent of organized media manipulation on Orkney, which I had not met before. The claims and stories which popped up appeared quite similar to those in other organized sex abuse cases. There were also "pat" accounts of the "satanic abuse scare" which had apparently swept across the Atlantic from the United States, and which had its supposed origins in an unholy coalition of feminists and religious fundamentalists, which became so familiar and uniform that I could have written them with my eyes shut and standing on my head. Even at the tenth anniversary of the Orkney case these tales kept reappearing. For instance they were repeated in the *Sunday Herald* on 25 February 2001:

> South Ronaldsay is where the ritual sexual abuse theory leapt from the pages of social work journals and entered the popular lexicon of the nation. ...A psychiatrist Roland Summit's controversial idea was that organized, ritualistic abuse of children was happening everywhere. ...it was out there and all social workers had to do was go and find it. And they did so with a passion of a zealot rooting out evil. The idea crossed the Atlantic gaining professional credibility as it spread like wildfire. (Crichton, 2001)
>
> *Flapping on demonic wings, presumably.*

In reporting these stories many journalists seemed to lose their normal critical faculties. These are three examples:

- A series of occult bookshop newsletters, apparently published in Leeds, often crudely photocopied and with varying titles including *The Lamp of Thoth,* circulated widely on the islands in 1991 and were sent anonymously to elected Orkney councilors. "At last the full truth about the satanic abuse allegations can be revealed!" they dramatically claimed. Whole sections of their propaganda and angry claims about worldwide conspiracies by social workers or evangelical Christians appeared to be repeated as fact in some media—despite coming from such a highly partial source. No one appeared to question the sudden appearance of these magazines on Orkney, nor the veracity of their allegations. The claim that professionals were out to make large sums of money and prestige careers from the satanic child abuse industry seemed contradicted by experience —professionals found that admitting to belief in satanic ritual abuse was anything but beneficial to their careers and in some cases spelled the end of those careers.

- Claims or innuendo were also repeatedly stated that one born-again Christian basic grade social worker influenced Orkney social work department and the police into carrying out the dawn raids. This was implied too in the BBC Scotland TV docu-drama (or "faction" program) *Flowers of the Forest* broadcast on October 26,1996. The obvious fact was ignored that even had the social worker sought this far-reaching act, he lacked any professional power or status to succeed!

- Untruths from unknown sources also appeared to be planted. On

Orkney, journalists were told that the distinguished American child abuse expert Professor Roland Summit was to blame (along with Christian zealots) for inspiring witch-hunts by social workers in Orkney and internationally (see the Crichton quote above). This *ad hominem* attack appeared strikingly similar to the way that the feminist authors Bass and Davis were later singled out for attack by advocates of the false memory syndrome as being to blame for the wave of recovered memories by adult women (Bass & Davis, 1988). It was claimed that Summit had said that if children denied abuse, this meant it had probably happened. This is a distortion of his most famous paper, "The Child Sexual Abuse Accommodation Syndrome" (Summit, 1983).

Strangely, this exact claim surfaced on October 3, 1994 in a *New Yorker* editorial: "A psychiatrist named Roland Summit explained to the jury in the Kelly Michaels case that when children deny sexual abuse happened, the denial can be evidence that the abuses actually did occur."

Summit replied to the newspaper that he had been wholly uninvolved in this American case and had said nothing to the jury. "It would be fatuous to argue that denial is really confirmation in disguise. I have never said such a thing anywhere." These events and the subsequent correspondence between Summit and the newspaper are chronicled in detail in Freyd (1996).

Disinformation relied on lazy journalism, media gullibility, and the "pack mentality" of journalists who flew in and out of Kirkwall airport. But it is too simplistic to hold the media entirely responsible. Journalists often simply reflected the greater public of which they were part. At that time the possibility that middle class parents and respectable clergy might also abuse children was rarely considered. Very few people then had heard anything about organized, let alone ritual, abuse.

Besides, not everyone was receiving only one side of the story. For Scots at least, evidence to the Inquiry was reported in detail every day in the broadsheet newspapers, and usually on radio and TV. To pick three examples, the public read that a remarkable volume of correspondence had been sent by several suspected adults to the children of the original family held in care, that these contained peculiar, inappropriate messages, that strange objects like hammers were also posted to these young children. Secondly, they read that when police conducted the dawn raid on the minister's house, they recovered from inside his bed a child's hot water bottle belonging to an 8-year-old abused boy from the Webb family. This had the boy's name on it along with a sexual reference. No explanation of this singular find was ever given.

Thirdly, when the foster parents took the Inquiry stand, they gave much detail about unusual, disturbing and bizarre words and behavior by several children from three of the four families. These included blasphemous chants, violent and frightening plays, an obsession with killing and death, and realistic enactment of childbirth.

For example, when there was a power failure in the home of the foster mother of one eight-year-old boy, on the day that he arrived, she lit candles. The boy passed his hand through the flame saying, "I like hurting myself. I like killing people." When light was restored the foster mother exclaimed, "Let there be light!" to which the boy replied: "May the light not be upon us and God not be with us." Full details of such incidents are given in Lord Clyde's report, along with all the original allegations from three Webb children.

Yet none of this information appeared to impact upon the public. A research study by Jenny Kitzinger found that most people they interviewed about the Orkney affair had little recollection or impression beyond the dawn raids and a bungled operation by social workers. They recalled almost nothing about the lengthy Inquiry or evidence given to it (Kitzinger, 2000). It thus seems that people are able to reject, ignore or fail to notice evidence which might challenge the judgments they have already made about cases involving child sexual abuse.

The third vital element in the Orkney affair was the attitude of the authorities to communicating with the public through the media. Orkney social work department took to extremes the usual official caution and reticence and formed part of an island council which was traditionally secretive and fearful, inexperienced and unprepared for an onslaught of media interest. The department failed to communicate for some time even with the sympathetic specialist social work press. (I was working for such a journal and at the height of the crisis I sat on the steps of the social work department and declined to budge until someone would speak to me.) Thus while accused adults used the media skillfully, journalists simply could not obtain "the other side of the story" even when they wished to do so.

While the children's charity the RSSPCC was more forthcoming off the record and also voiced its belief in ritual abuse off the record, it quickly adopted a damage limitation strategy, rather than attempting to justify its role in Orkney. It dropped its investigative role in child sexual abuse (a role which is still maintained by the equivalent organization in England), it publicly played down its belief in the existence of ritual abuse, changed its name to Children 1st, and like Orkney and Strathclyde social work

departments, has declined to comment publicly on the case since.

Such collective silences by agencies, in highly publicized cases, continue to make an impact, and to raise serious questions for child protection (Nelson, 1998). Most social workers, police, and major childcare charities still remain extremely cautious about media publicity more than a decade later, wounded and distrustful of journalists and public after savage media scapegoating in cases like Cleveland, Orkney and Rochdale. In contrast, accused adults continue to use the media to publicize their causes.

Agencies' refusal to comment deprives the public of information which would help them reach their own judgments on the evidence. Statutory and voluntary childcare agencies are the public faces of child protection. They speak for many child and adult survivors who cannot do so. If they will not stand up to be counted and face the consequences, then, it might be asked, who else will?

Were Far-reaching Verdicts Correct?

In Orkney the separate testimonies of three Webb children, which led directly to the dawn raids, formed the basis for one of the report's most far-reaching and most-quoted recommendations, that investigators "must not fall into the trap of confusing the taking of what a child says seriously with believing what the child has said."

This in effect gives comfort and succor to those who still believe children often fantasize or even lie about sexual abuse. It also makes investigating authorities more cautious. In my own academic research subsequently on various aspects of child sexual abuse, I have encountered, more than ten years after the Orkney case, in 2003, pediatricians who still speak nervously of Cleveland (1987-88) as a reason to be extremely cautious in inquiring about possible sexual abuse in an injured child; and schoolteachers who still quote Orkney (1991-92) as a reason not to inquire directly, of a child showing certain symptoms, if someone has sexually harmed them. Given, then, the serious consequences of Lord Clyde's recommendation for future child protection, conclusions drawn about these Webb children's credibility would have had to be particularly sound and convincing. But were Lord Clyde's recommendations instead, to borrow a phrase from Sheriff Kelbie, "fatally flawed"?

The basis for this recommendation lay overwhelmingly in the Inquiry team's judgment of statements and drawings made by three Webb children, aged from six to eight, in February 1991. The report details the verbal allegations in full, and describes the drawings.

Undoubtedly social workers and police should have undertaken more

detailed investigation of the adults and children named by the Webbs before deciding what action, if any, to take. But this was not the basis for this recommendation. Instead this centered on the fact that the Webb children came from a family with a history of abuse, "which was likely to have affected their development."

Professional assessment of the children by a psychologist or psychiatrist would have been prudent, says the Inquiry report, to consider:

> Whether their perception of reality had been in any way coloured or affected by the (their) abusive experiences... what might have seemed real to them might well not accord with what was real to others. It was not impossible that innocent incidents could have taken on a sexual overtone in their imaginations... (Clyde, 1992, p. 223)

The message is familiar. Mixed-up children with histories of abuse need their minds tested before we take their matter-of-fact statements as matters of fact. But there are several problems about using such arguments in this case.

First, the Webb children had more of a history of reticence about sexual abuse in their family than of fabrication or fantasy. Some of their previous allegations about their own family were substantiated. One older boy took two years to admit to a residential school his history of sadistic physical and sexual abuse by his father.

Secondly, the report rightly criticized the fact that the nine children from the other families were not treated as individuals. But the report itself failed to consider the three Webb youngsters as individuals, treating them instead as a single entity.

There were remarkable similarities in the very detailed accounts of places, events, activities, trappings and names by three children who had been kept apart for several months (apart from one brief supervised meeting between two of them). The report's argument would mean that three separate children's life developments had been identical, that their distorted perceptions of reality had been identical. Innocent incidents would have had to take on exactly the same sexual overtones in their imaginations. Such overtones would not explain why all these children believed they had witnessed or experienced physical pain, distress and sadness. No alternative explanation is offered for what exactly the innocent incidents, which led to these reactions, might have been.

Thirdly it must be judged whether these children's accounts had more

of a ring of imaginative storytelling or of concrete detail, for example in extracts such as:

> (MW) was asked where this had happened. She said in a quarry in a field. She drew a picture of a car and trailer travelling to the place from her home. In the trailer she drew the table and music centre. She drew car lights on and said it was dark. We asked her who would be there. She named ...(etc). (Clyde, 1992, p. 31)

These children described in a matter-of-fact way a series of events, where they were taken from one place in certain cars and trailers by certain people in certain costumes, to another place, where they unloaded specific equipment and were joined by more named adults who, they claimed, sexually abused named children. These lists of people are very similar to each other. They all name equipment the interviewers do not understand, like the hooker, which appeared to be a kind of shepherd's crook. The children worry about accuracy. They grow annoyed when the hooker drawn is too small or when the car lights are not put in, and they make corrections. The only obvious examples of childish imaginative expression are about emotions, as when M. "drew the sun looking down with a sad face, and tears, and said that the sun was crying."

It is not clear why such accounts were considered to need examination by a psychologist or psychiatrist. Rather, they appear to call for a detailed investigation of the *information* they contained, to see if any corroboration could be found and to probe further on if and when these events happened, where the locations were, and whether children were given any drugged substances. These might indeed have affected their perceptions.

The evidence, given by foster parents, ordinary people with no axe to grind, and which made serious, detailed claims about children's bizarre words and behavior in their care, was not even assessed by the Inquiry, far less validated or discredited. It formed no part of the official interviewing techniques, which were so scrutinized and so criticized.

The Marginalization of Real Children

Perhaps the most striking feature of the whole Orkney case was how rarely children, and in particular nine actual children, became central to the concern of anyone—except the authorities who were heavily criticized.

The socially stigmatized, 15-strong Webb family, who made the first allegations about the other nine children and their parents, never ap-

peared to raise much public interest within or beyond Orkney, although social workers continued to work closely and supportively with them, a number being placed in long-term foster care.

Again, the outrage in most press publicity after the dawn raids was about injustice done to adults—the children's parents, and the minister who also faced accusations of sexual abuse. This minister received many expressions of support from within the Church of Scotland. However, not one voice was raised publicly from this major Scottish institution that the Church should investigate the allegations in case any children should be at risk, or that the minister should be suspended on full pay until the matter was resolved. (Only in 1997 did the Church ratify a child protection policy of its own at the General Assembly.) Thousands of Quakers across Britain also sent letters of support to one set of parents and children who were Quakers, but none seemed to consider that the allegations of abuse ought to be investigated.

The Orkney public avoided the Inquiry proceedings and very few local people showed the concern or the interest to turn up at these proceedings. Explaining this situation to me, one local councilor said he was ashamed to tell me that people did not want to go there in case they were somehow identified with the whole affair. Orkney's tourist chief deplored the damage done to Orkney's image and its visitor business. Orkney Islands Council paid compensation and fulsomely apologized to the families concerned, which effectively prevented their giving offence by monitoring any children about whom they had remaining concerns. It is not possible to base the protection of children on fear of offending adults.

The nine children were marginalized in other ways too. Evidence prepared by the social workers and police was rejected by Sheriff Kelbie before it could even be heard. Scotland's senior judge, Lord Hope, later condemned his precipitate act, saying the effect of what he did was "incalculable." Although the acting children's panel reporter Gordon Sloan won his appeal against Kelbie's decision, he still decided to abandon further proceedings. For that he was sharply criticized in the Clyde report. When the Secretary of State for Scotland then announced a public inquiry its remit, about the conduct of the authorities, excluded consideration of the truth or falsehood of the allegations. It could not discuss whether or not any children were in need of protection.

The Inquiry lasted eight months, cost £6 million, exhaustively criticized the child protection authorities, and made nearly 200 recommendations in 350 pages. Most were sensible and constructive: the Inquiry team members were caring and competent. Yet they had just one sentence of

explicit comment to make about all the bizarre evidence from the children, which they had heard: "*In the case of some of the children, it is not impossible that there could have been some matters, perhaps far removed from any incidents in Orkney, which could have been troubling them.*"

That seems a mild and cautious comment in response to one child enacting gruesome, violent and sexual plays, claiming his mother made gravy with blood, and saying he was put into coffins; to another claiming her father drank blood and kept it in the fridge; to another re-enacting graphic scenes of childbirth at the age of seven, and claiming that the baby would die; and to another reciting strange chants against God. These incidents are all mentioned in the Inquiry report. This last boy, according to evidence to the Inquiry on December 17, 1991, drew men with huge breasts with snakes coming out of them, kept talking about germs and washed himself continually, swore in words which made no sense, talked constantly about killing people, and was convinced that his mother could hear him through the radio.

This was the boy who may have had some matters far removed from Orkney troubling him: the same boy who, on hearing he was to be sent home to Orkney, had asked his foster mother, "Does this mean that the bad things are not going to happen any more?"

After the report was published, the public discourse was about apologies to adults, vindication of adults, resignations by adults, the need for community reconciliation among adults, and the need for Orkney social work department to establish its good faith among the adults of South Ronaldsay. Nothing could have been more revealing about the respective priorities our society gives to adults and to children. Nor is it possible to imagine a fraction of that £6 million of public money being spent with one quarter of the speed on for example, techniques of criminal investigation, on strengthening child protection services in remote areas, or on research into organized sexual abuse in Scotland. Just as it was impossible to visualize a fraction of the cost of the 1987 Cleveland Inquiry being spent on research or investigation into the anal abuse of children.

Although this eminent, caring Inquiry team was often prepared to exceed its strict remit (for instance by including in the report the detail of children's testimony) it was not prepared to do so by inserting a single sentence at the end. One sentence could have kept open the door to future monitoring of the children's safety, which would not have reduced their valid criticisms of the authorities. "*We remain very concerned,*" they could have written, "*about some of the evidence from certain children we have heard presented to us, and believe that further monitoring of possible risks to these children is necessary.*"

It does not make sense to argue, as in the Cleveland report, that "the child is a person, not an object of concern;" (Butler-Sloss, 1989), or as in the Orkney report, that the nine children "were not treated as individuals," if the actual named children involved in a case fall through a gaping hole in those Inquiries. For if the entire panoply of a country's child protection system cannot protect actual known children in a single case, then whatever else it achieves, however many guidelines, procedures or sound practices it spawns, there is a failure at its heart.

And if we as a society—politicians, judges, public, media—are happy to sanction £6 million on a public inquiry into the behavior of officials who sought however ineptly to protect real young people, yet can neither fund any means of establishing whether or not a handful of children were horrifyingly abused, nor make a priority of seeking better ways to protect children from abusers in future, there is something profoundly skewed about our values.

How did real children disappear from a case which for so long absorbed professionals, media and public? That is an important question, with wider parallels. Likewise, Beatrix Campbell made the point that 10 years after the Cleveland Inquiry we still did not know whether the children (more than 120 of them in this case) were in need of protection (Campbell, 1997).

First of all, the Inquiry's remit meant that examples of poor practice towards the children set the parameters for what child-centered practice was about (e.g., appropriate foster placements, contact with siblings and parents, keeping their own possessions.) Thus difficult questions about child centered practice in *protection* were submerged.

Secondly the Inquiry had to relegate other important considerations. "The problem" was not about how sadistic organized sexual abuse could effectively be investigated, nor about how rural child protection could be improved, nor about how communities could work with professionals in protecting children from abuse. Though all these three things were touched upon in the report, they occupied a small fraction of the space given to analyzing at length each week of detailed preparation for the dawn raids, including serious conflicts between Orkney managers and Strathclyde social workers.

Years later, many people still urgently need guidance on ritual and organized sexual abuse, on rural child protection, or on community contributions to child protection. In contrast, few if any now wish or need to examine the tortuous daily detail of preparations for the dawn raids, which were infused by poor investigatory planning and blinkered managerial arrogance.

The Inquiry report did call for some measures against suspected adults—like provision to remove alleged abusers, rather than children, from the home. But most of its other recommendations were in effect about how professional procedures could be improved to minimize the risk of unfounded action. Thus there were numerous, specific recommendations about the interviewing of children.

A different response could have been made to a highly-publicized case like the Orkney affair. For instance there could have been a less expensive, limited-term inquisitorial judicial Inquiry into official conduct; an exploration of existing best practice from elsewhere; a well-funded and focused research program; and establishment of protective measures like children's rights officers, children's resource centers or helplines in the Scottish Highlands and other remote areas.

Alternative strategies, however, demand a willingness to pause and reflect before responding to public scandal. They also call for political courage, and a determination to place the needs of children above the demands and sensibilities of adults.

Imagine if police forces had instead been resourced to do priority work on future ways of prosecuting organized abuse, if research had been commissioned into techniques of surveillance and evidence gathering in remote communities, or if one pilot project in Britain had been funded to create an informed, aware, protective local community. It is only through realizing how hard these things are to imagine that we appreciate how skewed our child protection system actually is. The public and the child protection agencies need to demand a change of priorities.

It is even more important to ensure that if limited numbers of actual young people needed protection in places like Cleveland, Rochdale or Orkney, where there were allegations of sexual abuse on a major scale, that they retain the hope of protection and justice and restitution. It does not absolve unfinished responsibilities to real children and young people to apologize that social workers bungled things, that a sheriff behaved improperly, that the acting children's reporter should not have abandoned his appeal. There was surely a responsibility to maintain a continuing vigilance, so that new evidence could be collected if it was there to be collected. If any of those children on Orkney did need protection, justice or restitution, then they are still waiting for it as adults today.

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Chapter 13

Our Father Who Art in Hell: A Factual Account

Ulla Fröhling

All that is necessary for the triumph of evil is that good men do nothing.
Edmund Burke, 1790

"The first in-depth German study of a DID patient with a background of severe home abuse, child prostitution, and SRA has been published."[1] These words were written by Onno van der Hart in 1997 in an essay on ritual abuse in Europe in reference to my book *Vater unser in der Hölle* [Our Father Who Art in Hell], which I had spent four years researching. The book had an impact: victims found a corroboration of their experiences in it, and doctors and trauma therapists who work with dissociative patients use it for workshops and training courses. A parliamentary inquiry examined the topic of ritual abuse, as did the Parliamentary select committee "Sects and Psycho-Groups," which mentions the book several times in its concluding report. A foundation for victims of ritual abuse was set up. Three surveys on ritual abuse were carried out. Together with Michaela Huber's textbook *Multiple Persönlichkeiten* [Multiple Personalities], it changed the German public's perception of one of the darkest areas of organized violence.

For eight years; then the book went out of print. Remaining copies that had cost 20 euros on the market were now being auctioned at eBay for up to 200 euros each. Several publishers realized that this subject was important and sought to acquire reprint rights. Subsequently I revised and updated the book, adding a further ten years of the protagonist "Angela Lenz's" life to the account. Handwriting samples from a number of her personalities were added, as well as letters with thoughts and memories of her therapist. The book also contains an afterword by Professor Onno van der Hart, prefaces by the trauma therapists Professor Luise Reddemann and Michaela Huber, the former member of parliament Renate Rennebach,

1 Van der Hart, Onno: "Ritual Abuse in European Countries" in Fraser, George A. (ed.), *The Dilemma of Ritual Abuse: Cautions and Guides for Therapists* (Washington + London: American Psychiatric Press, 1997)

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who had been part of the Parliamentary committee "Sects and Psycho-Groups." An updated text by the social pedagogue Thorsten Becker on ritual abuse in Germany was also added. An accompanying website (www.ourfatherinhell.com) offers additional resources in English and German on the subjects of trauma, sects, cults and ritual abuse.

I have now been dealing with the subject of ritual abuse for over fifteen years, have made the acquaintance of many survivors, and have observed —and perhaps influenced—the public's attitude to it as a journalist, yet without losing sight of Angela Lenz's life. In the course of time, this journalistic coverage has become a long-term study. The following excerpts from the new edition of *Vater unser in der Hölle* offer insights into the state of knowledge and changes concerning ritual abuse in Germany.

This is one woman's story: the story of Angela Lenz.

Angela Lenz has multiple personalities. Multiple Personality Disorder[2] can be understood as a survival system for the soul. In scientific terms: a reaction to traumatic stress caused by extreme abuse in the early childhood years, abuse that takes place over a long period of time and which the child cannot escape. Hers is a story shared by many people. Angela Lenz is not the only person in Germany to survive incest, forced prostitution and rituals carried out by a satanic group. Everything that Angela reports is confirmed by the testimony of other victims. The victims' reports seem incredible, and one would rather not believe them.

What made me think I could trust her accounts?

Angela does not appear to be mixed up or confused. Rather, she is calm, controlled, and clear. If she cannot remember something, she admits it, corrects her mistake and admits that there are holes in her story that she cannot fill. She did not try to hide the contradictory nature of her personalities from me, but instead revealed their diverse feelings and opinions.

Professionals who study cults, representatives of the police and doctors, confirm these descriptions. Therapists from Germany, Holland, Belgium, America, Canada, England, France, Spain, Denmark, Norway, Turkey, Australia and Israel with whom I spoke or corresponded described similar incidents and phenomena. Many of them have more than twenty-five years of therapeutic experience working with torture victims like Angela Lenz.

Based on school reports, correspondence, photo albums, official documents, medical reports, x-rays and newspaper clippings, I have tried to create a picture that comes as close as possible to the true events. Parts of Angela's family history can no longer be reconstructed. Her father is dead.

2 "Dissociative Identity Disorder" since the DSM-IV in 1994.

The causes of his pedophilia can only be speculated about today. Family history reveals the abusive and promiscuous nature of the grandfather as well as the strict pietistic climate his family has lived in for generations. Angela's father also grew up in a family where public and private life were clearly dissociated from one another. Quite early in the family's history there was a diagnosis of something that was described at the time as schizophrenia.

The family is granted special protection by the state. But who protects the children in families that neglect or abuse them physically, emotionally or sexually? Most violence takes place at home, behind closed doors. All over the world.

Incest is a profound emotional injury and an early development factor that prevents many children from reaching autonomy and a feeling of clear personal limits. The constant stress undergone by small children in a state of fear affects nerve connections in the brain and the biochemistry of the body: when in danger, each of us automatically produces large amounts of a "hormone cocktail" intended to help us fight or escape, then calm down again. If danger keeps returning unpredictably and inescapably, the body creates its own form of drug addiction. If the perpetrator is also the protector, i.e., the father or the mother, the child undergoes severe conditioning. It becomes a different child to the one it could have become.

What a bitter way to start one's life.

According to Francisco Orengo, incest is the apprenticeship for prostitution. Pimps know this, the Spanish psychiatrist emphasizes; in his clinic, he has helped many women to escape from prostitution. Pimps, he states, recognize the women who have been hurt early in life.[3] He describes it as a form of knowledge passed on from father to son. And a trap from which few escape.

How did Angela Lenz manage to do it?

To find out, I visited the sites of Angela Lenz's memories. I visited the quiet, exclusive neighborhood of her childhood, I followed the path behind the houses and went into the forest where Angela was tortured. I went to church and listened to a sermon held by a man Angela identifies as a pedophile criminal. At the start of my research, he was still in office. Why had he not been removed? Angela did not press charges against him. She did not press charges against anyone.

That was the "deal" with the perpetrators.

We know their names and know where they live. Whenever "Uncle Paul" moves to a new federal state I can keep track of him, as he always

3 Personal message, June 14 2007.

registers his name with the telephone company like a law-abiding citizen. From his last house he had a good view of a former concentration camp.

Angela wrote down the names of the perpetrators, the scenes of the crimes, and all the circumstances surrounding what was done. These records have been preserved in various places. In some cases, the original records have been left with people instructed not to hand them out to anyone, not even to Angela herself. But who will pass them on to the public prosecutor's office in case she dies? Or in case anything suspicious happens to a member of her family, her therapist, the author or others connected with this book. Even if they fall victim to what looks like a normal traffic accident, these records will be distributed accordingly.

That was the deal with the perpetrators. A deal that even the police accept. For a long time, abusers were far ahead of the investigators in their technical methods. Photos of sadistic sex scenes with children aged 5, 3 or 1, even with babies, are sent all over the world via high speed lines on the information highways, but it took more than a decade for special police units to be equipped with the necessary hard and software to intercept them. In the last ten years, such criminals have progressed even more rapidly. When I began my research for this book, few people suspected what police have meanwhile determined to be the case: child abuse in the "second life" of a virtual world in the Internet,[4] torture of babies and infants online in front of webcams,[5] murders with clear Satanic indications in several European countries,[6] attempted cover-ups in the cracking of Mafia-like networks involving figures from politics, business and organized crime, with mentions—as in Saxony in 2007—of child abuse and child brothels.[7] An explosive mixture. When Angela became acquainted with this dark world decades ago, nobody believed her accounts. The taboo was intact and the perpetrators were safe.

Now the taboo is beginning to break down. Some journalists will not be fooled; nor will some doctors. "At the time, people thought we were insane for believing our patients," reports Prof. Dr. Luise Reddemann. "Now all the terrible things you described in your book have sadly turned

4 Focus online, 08.05.2007 http://www.focus.de/digital/games/second_life/second-life_aid_55693.html

5 "Kids, the Light Of Our Lives" was the cynical name of a website which over 700 users worldwide used to exchange images showing the sadistic torture of children and babies.

6 E.g. Germany in 2001, Turkey in 1998, as well as Italy and Norway.

7 MDR, June 12 2007; Jürgen Roth on the corruption affair in Saxony in Roth, Jürgen/Nübel, Rainer/Fromm, Rainer: *Anklage unerwünscht—Korruption und Willkür in der deutschen Justiz* [Prosecution Not Wanted—Corruption and Abuse of Power in German Justice] (Frankfurt, 2007).

out to be true."[8] Medical and therapeutic knowledge is increasing.[9] Brain researchers can now identify the switch from one personality to another through magnetic resonance imaging. And there are now three studies dealing with ritual abuse in Germany, as well as an Internet survey with results from all continents. It is conceivable that some fragments of Angela Lenz's memories may be attributable to suggestions by the perpetrators. Others could be images representing ordeals experienced, or memories used to mask others, for example to protect herself from knowing the full extent of her father's actions. Nonetheless, after 15 years, I am still convinced that Angela Lenz was subjected to extreme violence, sadistic torture and ritual abuse.

Names, dates, places, professions of the perpetrators and victims have been changed in order to prevent identification of Angela, her current family or her family of origin. The same applies to any other potentially revealing information such as hobbies and athletic events. The therapists' names, "Nina Temberg" and "Elisabeth Gebhard," are also pseudonyms.

The names and quotations from the scholars, psychiatrists, therapists (Thorsten Becker, Dr. Catherine Fine, Prof. Onno van der Hart, Dr. Arne Hofmann, Michaela Huber, Anne Jürgens, Dr. Richard Kluft, Prof. Francesco Orengo, Monika Veith and others) are authentic. Interviews with them took place as reported.

When the altered mental states of victims recall the traumas they endured, these memories often have a timeless quality: a feeling of being outside of time and space. Dissociated identities that feel caught up in the middle of a traumatic memory often cannot tell that the experience is over, and first have to work out the person, place and time. Their reality has to be reinforced literally: "Look, here is the floor, you are standing on it, you are safe, it is over." But this is also true in another sense: because these victims often suffer from a loss of temporal orientation, the perpetrators are further protected if neither the place nor the time can be named.

For this reason, each chapter that tells of a remembered trauma opens with a short list of historic events, in order to place the trauma in the context of its place and time. For example, such-and-such an event can be connected to the time that *Sugar Baby Love* was heard regularly on the radio, when Helmut Kohl was chancellor of Germany, and Charles Manson went to jail on charges of ritual murder.

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8 Personal message, June 26 2007

9 Groundbreaking study: Gast, Ursula et al.: "Die dissoziative Identitätsstörung—häufig fehldiagnostiziert" [Dissociative Identity Disorder—Often Wrongly Diagnosed] in *Deutsches Ärzteblatt* 47/2006.

Some episodes are derived from the reports of other survivors. The lives of people who grow up in destructive cults—neo-Nazi or occult—possess a fixed structure which may include the birth and sacrifice of one's own child. Angela was spared this—at least as far as we know today. And although she was not the one who personally endured such an experience, she was traumatized by having to share the event.

Writing this book meant approaching the unbearable: coming so close to evil that it could be felt. The unbearable things that happened to Angela made her a victim; that was bad enough. But even worse: a perpetrator. Because Angela was both.

Violence is a spiral that keeps on turning. I have tried to find a way of speaking about these things that avoids passing on that violence, yet still expresses what happened because it did really happen and continues to happen.

Many of the strategies used by child pornography rings and destructive cults to infiltrate the therapies of victims who have broken away are so monstrous that I did not initially want to accept that they really happened. For this reason, the psychological tricks I have documented in this book are only ones that have been confirmed by at least three therapists independently of one another. This applies, for example, to the disgusting use of photographs and recordings of the therapist during torture in order to create an aversion or fear towards her.

Angela Lenz describes two worlds: a bright, cheery, colorful one and a dark, brown-black, threatening one full of horror and violence. Full of violence she experienced. Some of Angela's personalities want revenge. Most of them, however, simply hope that "the bright world will finally realize that there really is another, darker world."

It really exists, here among us, very close to us. Not only in the Belgian town of Sars-la-Buissière, where Marc Dutroux tortured and killed children. Or in the forests around Milan, where the heavy metal band Beasts of Satan carried out murders in Satanic rituals. Or in the French town of Angier, where 45 children between six months and twelve years of age were raped and sold into prostitution by 65 adults, including their own parents. Or in London, where, according to police reports, 300 colored boys between four and seven years of age disappeared in 2001, and a boy's torso found in the river Thames forced Scotland Yard to start investigating ritual abuse and archaic ceremonies. Or in Portugal, where over 600 cases of sexual violence against children were uncovered in Casa Pia, a chain of children's homes. Or in Spain, where police arrested 66 in July 2007 in "Operation Punishment" and confiscated 50 million (!) images of children being tortured. No: here too, in our own country.

Violence creates divisions; sometimes even among the helpers. It took a long time before the different areas in this great field of human misfortune gathered their knowledge together and joined forces. It was only at the end of the 1990s that trauma research and therapy in Germany began to take off. This had several causes.

One of these—as terrible as it may sound—was the worst rail accident in German history: the Inter City Express crash in Eschede in 1998. The media reported at length on the horrific disaster, in which 101 people died and 88 were severely injured. For the first time, an ombudsman was appointed to determine the claims and needs of survivors and represent them against the rail service. The former vice president of the Federal Social Security Court, Professor Otto E. Krasney, accomplished this task so effectively that the significance and consequences of traumatic experiences filtered through the press and reached the public awareness. The German rail service paid for the counseling of survivors and relatives of "Eschede."

Then public perception was changed again by terrorist attacks and major natural disasters: New York (2001), Madrid (2004) and London (2005); the Tsunami in the Indian Ocean (2004) and Hurricane Katrina in New Orleans (2005). Now the media began to focus on the possible long-term consequences for survivors.

In parallel, the extremely dynamic development of the Internet assisted the explosive dissemination of child pornography around the world. Step by step, national and international teams of investigators were able to uncover criminal networks of producers, distributors and consumers of these torture films. The number of arrests increased. Now, finally, the media began to examine the consequences of such abuse for the little victims of this million-dollar business.

But there are differences: some may still remember the Dutch "child porn scandal" of 1998.[10] The discovery of 9000 photos and CD-ROMs with images of extreme sexual violence against children and babies in the seaside resort of Zandvoort was described as a "bombshell" and stayed in the headlines for weeks. "Zandvoort" did not, however, remain in the col-

10 In 1998, police found six computer systems and roughly 9000 images of child pornography distributed or obtained via the Internet in the apartment of murder victim Gerrit Ulrich. This unimaginable [back then!; U. F.] number of images and the manner of representation, including the abuse of babies and very young infants, seemed to add a new, previously inconceivable dimension to this dirty trade. (See "Sodom und Internet? Neue Medien—Möglichkeiten und Herausforderungen" [Sodom and the Internet? New Media—Possibilities and Challenges] by Jörg-Michael Klös (senior commissioner of the criminal investigation department from 1993-1998, in charge of the inspection of sexual and child protection offences at the Office of Criminal Investigation in Berlin).

lective memory as long as "Eschede." The tragedy for these victims is that this violence takes place in secret; it is "dirty" and taboo. Accordingly it is soon forgotten again.

There is no compensation, either for the victims of natural disasters or for children who have been tortured. But there can be acknowledgement. Some victims of torture and sexual or ritual abuse have fought to be acknowledged—and succeeded. By raising their voices, they have broken free from their tormentors, for "the mightiest weapon in the hand of the oppressor," according to the South African politician Stephen Biko,[11] "is the spirit of the oppressed." I had already learned twenty years ago from Wolfgang Kneese, an escapee from Colonia Dignidad, a German sect in Chile that practiced ritual violence and served as a torture camp for the Pinochet regime, what this lack of freedom feels like: "With every little decision I make in life, I'm not the one deciding—in my head, it's Paul Schäfer standing up and deciding. And I can't get him out of there."

Wolfgang Kneese is a fighter. He made the fight against his tormentor Paul Schäfer, the founder and leader of the Colonia Dignidad sect, his life's mission. "I want to see him in court," he said. In 2006 he succeeded.

Anna Burger also succeeded.[12] She was granted political asylum in Australia in 1998 after fleeing from a destructive cult in Germany at the start of the 1980s. She came from a family that seems to have been working for the child pornography mafia and dressing up these activities in Old Germanic ideology. Anna Burger fled to the other side of the globe to escape. The Australian government acknowledged that Germany has a problem with ritual abuse carried out by occult groups, and that the German government is either unable or unwilling to protect the victims. This marked the first time ever that a survivor of ritual abuse had been granted asylum.

(translated from German by Wieland Hoban)

Angela Lenz describes two worlds: a bright, cheery, colorful one and a dark, brown-black, threatening one, full of horror and violence. Abusive violence fully experienced. Some of Angela's personalities seek revenge. Most, however, want only that "the bright world finally recognizes that there is really another, darker world." There really is such a dark world here at home right in our own neighborhoods, not only in Belgium's Sars-la-Buissière, where Marc Dutroux tortured and killed.

Can this dark, secret world be brought to light?

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11 1946–1977

12 Name changed.

Chapter 14

Where are We Now? Ritual Abuse, Dissociation, Police and the Media

Valerie Sinason, Graeme Galton and David Leevers

"I find it depressing that with all the evidence of evil and unspeakable acts perpetrated against victims in Bosnia and Kosovo, we are so reluctant, even hostile, to listen to the victims of ritual and sexual abuse. Why is serious crime, especially serious financial crime, accorded sophisticated investigative resources whilst allegations of sexual and physical abuse for ritual purposes for the most part are treated as fantastic and not even sufficiently tested? Before police forces set up paedophile squads and domestic violence units, there was very little child abuse. Now nobody doubts the phenomenon or its extent."[1]

"Now that my work has been successful over this period, they (detectives) are learning that you cannot find evidence for what you don't think exists. Untrained or sceptical police look past the evidence if it is about the occult. They want to prove the case but don't look deeper."[2]

Introduction

In the period after the Second World War in the UK, there was a desperate yearning for children to have a proper safe childhood and be brought up in peace. Colour picture books, like the "Janet and John" school reading books, proliferated. These focussed on loved middle-class children with two parents, a mother and a father. They lived in comfortable homes, had gender-specific toys, went out to tea with friends and had parties in their large gardens. Despite the levels of poverty, unemployment and abuse there was a parallel printed universe of utopian childhood. In this world, true for only a small minority, there were no emotional, physical, sexual or spiritual violations, rapes or assaults. All badness could be projected onto Hitler and Nazism and be buried with peace.

1 Comment by Former Assistant Chief Constable Richard Monk, Commissioner of the UN International Police Task Force in Bosnia, who encouraged the setting up of the Scotland Yard Ritual Abuse Research Unit.

2 Comment by Colonel Jonker, Former Founder and Head of the South African Police Occult Unit.

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Toxic containers cannot hold the waste of families forever, however, and the leakage then begins to spread.

With awareness of physical abuse not being acknowledged on a conscious political level until the 1980's, how could there be even a glimmer of acceptance for the concept of ritual abuse? This was the period in the UK when ritual abuse in the form of school beatings could take place with impunity, where religious leaders could emotionally abuse their congregations through internalising and projecting a God of hatred rather than love, and where a general understanding of authoritarianism, domestic abuse and bullying was only in its infancy.

Those of us who began working with abuse victims in the late 1970's or early 1980's look back with pain and humility at the way our individual journeys of understanding abuse issues matched the social development of such understanding. Although we might like to feel we are above our culture, the timing of our awareness of levels of abuse tells a different story. For example, many of us were first able to see abuse by a step-father, then by a father, then by a mother, then by siblings, then with multi-perpetrator groups involving use of animals, the creation of DID, then mind control. There were often years between each of those stages.

What are we missing now? The client is not usually safe enough to tell us what we cannot bear to know (Bowlby, 1979). It seems that each time we attempt to acknowledge or redress a social ill, we are already missing the next one.

So here we are in the 21st century. Where are we in the UK and Europe on the subject of ritual abuse?

1. UK Definitions of Ritual Abuse

Within the UK, McFadyen, Hanks and James (1993) have provided the most thorough definition: "Ritual abuse is the involvement of children in physical, psychological or sexual abuse associated with repeated activities ('ritual') which purport to relate the abuse to contexts of a religious, magical or supernatural kind" (p.37). They have refrained from making any assumptions about perpetrators' motivations in using rituals since that is irrelevant to the victims. Regardless of whether the rituals and regalia used in abusive situations have come from a true belief system or from paedophiles making use of such items, the situation is that children have been more frightened and believe what their abusers have told them.

La Fontaine (1994), an anthropologist, gives a basic definition in her report funded by the Department of Health: "Ritual abuse is sexual abuse where there have been allegations of rituals associated with the abuse

whether or not these allegations have been taken further or tested in the courts." It is not generally realised that her book on the subject also defines satanic abuse to be unsubstantiated abuse. Thus, by this definition, the only proven abuse is ritual but not ritual Satanic. Her study was confined to the very small number of cases, largely from the lower social classes that resulted in convictions where the ritual element was named. The British Government's reading of her report was that satanic abuse did not exist. This had a damaging effect nationally.

The major British Department of Health (1999) document, "Working Together to Safeguard and Promote the Welfare of Children," does not even mention ritual abuse per se, but states that, "A number of features of sexual abuse have also been linked with severity of impact including the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements." It is of concern that since 2000, the term "bizarre or unusual elements" has been removed. From a political point of view, as evidenced by government-approved documents, the situation remains poor.

For the purpose of our work, we adopt the McFadyen definition when it comes to alleged ritual abuse of children. Furthermore, regardless of religious implications, we are particularly concerned by those allegations that include these practices:

- rape
- murder
- necrophilia
- abortion
- bestiality
- non-consenting impregnation
- cannibalism
- consumption of body fluids
- non-consenting sado-masochistic acts
- consumption of animal fluids
- despoiling of churches and cemeteries
- killing and/or torture of animals

The following practices are not offences in themselves, but have been mentioned so frequently in allegations that they are seen as contextually relevant to the establishment of a definition of ritual abuse:

- induction of trance states
- wearing of ritual apparel

- use of chanting
- use of ritual instruments

Whilst court cases have found it easier to focus on single perpetrators, the majority of the allegations we hear involve organised groups of perpetrators. This leads to the importance of defining organised abuse. La Fontaine (1993) pointed to the varieties of meanings that this term has had and the consequent misunderstandings where there was more than a single abuser and where the adults "appear to have acted in concert to abuse the children" (La Fontaine, 1994). Although there can be dangers in labelling a case "organised abuse" too early (Clyde, 1992), there are also dangers in accepting a case as "only" intrafamilial. Regarding "the existence of more than one perpetrator or the production of pornographic material going unrecognized," Lynch and Browne (1993) write:

> Most practitioners will have worked with children where such details have emerged weeks into the investigation or months into therapy, by which time evidence of perpetrators may have disappeared...If the existence of such evidence is not sought it is not likely to be found. (p. 219)

It is important to note that where agencies such as the NSPCC (National Society for the Prevention of Cruelty to Children) first have suspicions of organised ritual abuse, the average number of children is 13 and the average number of alleged perpetrators is 7. However, when it comes to convictions, there may only be one or two (Creighton, 1993).

We have been held back by the historical process in which awareness of incest moved into awareness of paedophilia outside of the family. The idea that there could be multi-perpetrators including family members has been much more painful for society to accept.

2. The Extent of Ritual Abuse

Several surveys have been conducted and articles have been written addressing the extent of organised ritualistic child sexual abuse in different countries: in the US, (Bottoms, Shaver & Goodman, 1996; Finkelhor, Williams, & Burns, 1888; Kelley, 1993); in the Netherlands, (Jonker & Jonker-Bakker, 1997); in Canada and Australia, (Johnson, 1992); and in the UK (Creighton, 1993).

Bottoms et al. report that within the US, the figures of alleged ritual abuse are smaller than for other kinds of abuse. Also, with both children

and adults in the UK, the figures are smaller than for other kinds of abuse (Jones, 1991) and a lack of forensic evidence is commonplace (Weir & Wheatcroft, 1995). Gallagher, Hughes and Parker (1994) found that the estimated national incidence for organised abuse in England and Wales was an average of 242 cases in four years and that allegations of ritual abuse involved 21 cases a year.

After a BBC TV Channel 4 Dispatches documentary (Satanic Ritual Abuse, February 19, 1992) was broadcast, 191 calls were dealt with on the helpline set up by the Broadcasting Support Services. However, the 15 lines set up were inadequate to the task as BT recorded 4,500 attempted calls during the first hour (Snelling & Scott, 1992).

RAINS (Ritual Abuse Information and Network Support) has offered advice to over 400 professionals in the NHS (National Health Service) who have worked with these clients (200 with current cases).

In 2007, more than 2,000 persons representing at least 40 countries and 31 primary languages participated in three online surveys offered in both English and German. The first survey was for adult survivors of extreme abuse including, but not limited to, ritual abuse and mind control; the second, for professionals who work with adult survivors; and the third, for caregivers of child survivors of ritual abuse and mind control.[3] [4] [5]

Where the research is not clinically-based but epidemiological, the problems remain similar. In their significant research report on Organised and Ritual Child Sexual Abuse, Gallagher et al. (1994) comment that almost one half of all social service departments made no reply whatsoever to the national survey. The finding that there was a 16-fold difference between the national survey and the record search figures, which "provided impressive evidence that the national survey had underestimated the extent of organised and ritual abuse," is not surprising in these circumstances.

3. Current UK Police Support

In the UK, the Scotland Yard Research Unit on ritual abuse was disbanded in 1994 and its report on allegations of ritual abuse has not been published. However, police awareness of this subject has moved Dramatically in the last six years. Scotland Yard and the Metropolitan Police, in particular, are more experienced and aware of the problems than most mental health professionals. In the wake of the Adam case, "The Working

3 Although the Extreme Abuse Surveys are no longer active, copies of each one and preliminary data, as they are compiled, are posted at http://extreme-abuse-survey.net.

4 See Chapter 3 for preliminary results of the Extreme Abuse Survey for Adult Survivors.

5 5 See Table 1 in Chapter 8 for numbers and comparisons of German-language and English-language reports of ritually abusive groups.

Party on Ritual Homicide" was established in Scotland Yard in 2001. In that case, the dismembered body of a little black boy named Adam had been found in The River Thames in October 2001. He had not been sexually abused. A painstaking international piece of detective work was able to establish that the child was a victim of a muti murder from Nigeria. The specialist police team involved has proved to be a source of inspiration to survivors within the UK.

Since 2000, the Clinic for Dissociative Studies has had a named Detective Inspector to call on. This has been largely due to the thorough work of Chief Detective Inspector Clive Driscoll who is renowned for having solved a 2007 honour killing case.

In October 2004, lawyer and ritual abuse survivor Lee Moore, founder of Association of Child Abuse Lawyers (ACAL), provided a training day on ritual abuse to the Metropolitan Police. However, the police are not aided by current attitudes from some sections of the media, Members of Parliament, and mental health professionals. These negative attitudes reflect the wider difficulty of some segments of the British public to take on this subject.

4. General Child and Adult Legal Problems Concerning Abuse

"Lost in Care," the report by Waterhouse (2000), has shown that there remains a significant discrepancy between the amount of abuse alleged by children and adults in the safety of an anonymous survey and the amount formally disclosed to police. There is also a discrepancy between the amount disclosed and the amount that can be investigated further, especially when events have happened a long time in the past. Regarding abuse in general, the report states:

> One obvious difficulty is that most of the witnesses have given evidence to us about events that occurred many years ago. Thus the majority of the complainants of abuse are now in the age range of 25 to 35 years and gave evidence about events that occurred in the first half of their teens or earlier. Moreover, all but a few of them had not made any complaint of abuse before the major police investigation began in 1991. (55, 6.01)

It is not widely known that sexual abuse is one of the few crimes where the disclosure rate increases as the victim gets older (Sinason, 1994). There are many psychodynamic explanations for this, particularly the child's feel-

ing that this has happened because they are bad, something they have been told by abusers too. Sometimes it is not possible to report such a shameful as well as painful experience until the victim is more independent and family members do not have to be involved in hearing details. Where the perpetrators or alleged perpetrators are family members, it is sometimes not safe to report until the victim has an independent home. Even then, it can evoke strong feelings of disloyalty to accuse a loved family member.

Whilst it is hard for an adult to report a crime that involves personal shame, it is even harder for vulnerable adults. The various authorities rarely provide adults with learning disabilities, mental health problems or untreated traumatic symptoms with the same protective strategies provided for children. The strict chronological move from legal childhood to adulthood cannot, of course, always take into account those who are not able to function independently. Additionally, the expectation is of a higher level of proof in adult cases as there is no equivalent of the separate court system provided for children. Unlike civil proceedings where balance of probability means that a court is considering whether the occurrence of an event was more likely than not, criminal proceedings require a higher level of proof, i. e., beyond reasonable doubt.

There are cases involving learning disabled adults with signs of abuse which have convinced medical witnesses that have reached the High Court but have not been proven. Where barristers, solicitors or judges have explained that this does not mean that the alleged victim was not telling the truth—only that there is insufficient proof of who was the perpetrator—this has been to the psychological benefit of the victim.

4a. The Role of the Child's Evidence in General UK Child Protection Procedures

La Fontaine (1994) points out that, "It is well-known that substantiating a claim of sexual abuse of a child may not be easy" (p. 21). The evidence required for a family court to initiate removal of a child in the UK is at a lower level than that required for a prosecution in a criminal court. This means that the starting point for triggering any action is frequently the child's own account and observed behaviour. Child protection procedures can be activated when the multi-disciplinary team considers there is a risk of serious immediate harm to a child. It is quite common for a family court to impose a restriction on a parent on the grounds of sexual abuse without that parent or case reaching the criminal court (British Department of Health, 1999, 5.25 p 45). In this study, considerable credence is given to the child's account and behaviour:

> Disturbed behaviour including self-harm, inappropriate sexualised behaviour, sadness, depression and a loss of self-esteem have all been linked to sexual abuse. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer the abuse continues, the more extensive the abuse, and the younger the child." (2.13, p. 7)

However, as has been stated, where the child provides a "bizarre" narrative, ordinary procedures are often dropped. The terror of the child is enacted by the network who fails to see the "ordinary" signs of trauma because of the profound impact of the "extraordinary" elements.

4b.Legal Problems Regarding Ritual Abuse and Children

The relatively new-found (since 1980) acknowledgement of the difficulty in bringing sexual offences to court often disappears when the accounts of children or adults move from alleging abuse to alleging abuse that includes a ritual context, particularly when they include organised Satanist elements. There is far less willingness here to adopt a stance that gives reasonable credence to the account of the child or adult. Perhaps this is not surprising given that, as stated above, the more bizarre or horrific the details, the harder it becomes to combine normal healthy doubt with the ability to perceive what may be a true story.

In line with many other child and adult mental health practitioners, we have experienced a social climate in which children and vulnerable adults often stop being listened to once ritual elements come into their narratives. This non-listening can also extend to the professionals who work with such patients or provide research.

Within the field of child abuse in general it is well established that only a disproportionately small number of abuse cases get to court in the first place (Bentovim & Tranter, 1994). Lee Moore found that where cases involving an alleged ritual element do succeed in court, the ritual element is often removed. Sometimes this is done at the suggestion of barristers (personal communication, 1999).

Evidence from experienced health service clinicians who have encountered cases of alleged ritual or organised abuse suggests that this kind of abuse is rarer than other kinds and that an even smaller number of cases of this kind of abuse have entered the legal process (Creighton, 1993).

Unlike the situation in Illinois (1992) where a law is on the statue books making such acts crimes, ritual abuse per se is not an offence in the

UK. Having dressing-up clothes for the purpose of frightening children, giving children non-food substances to eat, putting a child in a coffin, holding a mock wedding ceremony, etc. are not in themselves crimes.

In one case that got to the British criminal court, a child was deeply distressed at the focus on his anal rape. For him, the anal rape was not the issue. He knew other children in his class who had been raped like that. What made him feel awful were the spiders he had been made to eat. But no one questioned him on that. The rape was the offence.

4c. Legal Proof of Ritual Abuse in the UK

Whilst the most serious allegation of murder during a ritual has been alleged but not proven in court in the UK, as it has in other countries, within the UK there has been proof of other offences. Murder in other contexts, of course, is reported with ease as indeed all the offences that are alleged within cult activity have—including cannibalism. We are adding this pointer because the societal response to the list of allegations is often an assumption that no such offences exist singly. Between 1982 and 1998, seven proven cases of abuse within a ritual context in the UK led to five people receiving prison sentences of 10 to 15 years and three people receiving sentences of 2.6 to 5 years (Tate, 1994). The serious offences proven were rape, buggery, wounding, false imprisonment, grievous bodily harm, aiding and abetting rape, indecent assault, and unlawful intercourse. In examining 82 child cases reported between 1987 and 1992, La Fontaine (1994) found three proven cases of abuse involving rituals.

When Satanist David Harker strangled a young woman, dismembered and ate her in 1999, the media referred to him as a "cannibal beast." When Edward Crowley (who named himself after Alistair Crowley) was jailed for killing a boy in a sacrifice, the media were keen to minimise his act by speaking of psychosis. There is a way that such acts are ironically diminished by either using madness or monsterhood as a distancing mechanism.

4d. The Legal Position of Vulnerable Adult Victims in Ritual Abuse

Whilst most definitions address the position of child victims there is little provision for adult victims, especially where the adult victim has also been made to be a perpetrator. Over the age of 16, the age of consent, an adult is assumed to have ability to consent unless they have a severe learning disability. An abused child who has had abusive relationships all their life is suddenly, in the eyes of the law, a consenting adult unless they are willing to go through the terrifying process of signing a statement.

Whilst there have been moves in the police to create Vulnerable Vic-

tim Co-ordinators to deal with witnesses or victims with mental health or learning disability problems, there is still very little proactive policing. For example, every victim with or without Dissociative Identity Disorder who has asked police officers to follow them on Halloween or other such nights have had their requests refused—even when they expressed the fear that a murder might be committed.

4e. Legal Issues for Victim-Perpetrators in Ritual Abuse

Adults who have been forced to perpetrate face the legal problem that in the UK there is no plea-bargaining. Additionally, there is no law on duress. Whilst it could be assumed that a judge would reduce a sentence in view of years of victimhood and enforced perpetration, there is no certainty. How many ritual abuse survivors, after a lifetime of despair, would be able to then face a term in prison with their name and picture all over the tabloid newspapers? This appears to be the Western equivalent of the Saudi Arabian punishment of flogging a woman who is gang-raped.

Lobbying in parliament for amnesty or plea-bargaining for victim-perpetrators is still in its infancy.

5. Satanism, Luciferianism, Paganism, Wicca, New Age, etc.

Satanism and other minority beliefs (Sinason, 1994) are not illegal or necessarily any more harmful than any other belief. Indeed on October 24th 2004, a naval officer was granted formal permission to practice as a Satanist in the British Navy.

We do not imply that practitioners of any one religion in general are committing criminal offences any more than any other group. Witchcraft, both of a healing kind and otherwise, has a long history and many branches, and we also do not imply that these activities constitute criminal offences. As with any population, only a small percentage is likely to be involved in criminal offences. We are aware that some children may be tricked by paedophiles using ritual material. However, as has been stated, where the children believe the offences were committed within a religious belief system and then become believers themselves, it is irrelevant how that belief system was originally inculcated. The crucial element, therefore, in these cases is what the child believes. In our work with children and adults we have been able to see the way the child takes in these enforced belief systems and then becomes identified with the belief as an adult.

6. The Swedish Case

In 1991 a Swedish psychologist, Anders Svensson, wrote to Valerie Sinason who was then a Consultant Psychotherapist at the Tavistock Clinic, a leading National Health Service psychotherapy training and treatment centre in London. He was concerned with the disclosures of a woman with a severe learning disability that were of a kind he had never heard before. Through the supervision, Svensson and Sinason learned more about ritual abuse, something new to both of them. When Sinason discussed the topic in the UK as an addendum to a talk on sexual abuse, she received two referrals at the Tavistock. On going to meet the first woman, a health service professional, it emerged that the woman herself was the victim. Dr. Robert Hale, a forensic psychoanalyst and psychiatrist, worked on this and on further referrals with Valerie Sinason.

7. The Tavistock and Portman Clinics Project on Ritual Abuse

As a result of the increasing number of tertiary referrals asking for consultation, assessment and treatment for children and adults alleging involvement with ritual abuse, particularly abuse within a Satanist or Luciferian context, in 1992 Dr. Valerie Sinason and Dr. Robert Hale, Director of the Portman Clinic, set up a clinical research project funded by the Department of Health. Experienced practitioners in the field of forensic work and abuse made the referrals.

Typically, both children and adults presented affective states of extreme terror, and posttraumatic problems linked with allegations of ritual abuse, largely of a Satanist kind. Following the publication of an edited book on ritual abuse (Sinason, 1994) that included chapters by significant UK clinicians including Professor Joan Bicknell, Dr. Nigel Beaill, Dr. Kingsley Norton, and Dr. Arnon Bentovim, Drs. Sinason and Hale set out to conduct a more systematic survey of referrals concerning alleged organised ritual abuse. Their initial concerns were that due to the fear engendered by the topic, National Health Service patients and their families were not receiving an adequate service (Weir & Wheatcroft, 1995). Health service professionals and the media (Scott, 1992) were embroiled in religious discussions of belief and disbelief in which the patients were left without adequate treatment. They also found it significant that despite international and national proof of some of the allegations, there was such consistent disavowal.

With the complex legal and financial issues of secondary traumatisation of inadequately trained professionals in the press, there were also local authority concerns that workers in these cases who do not receive support might seek financial redress.

8. Clinical Conclusions from the Department of Health-funded Pilot Study

Patients alleging this abuse formed a significant and discreet clinical group. There was no mental illness established that could account for their narratives of abuse. Fundamentalist religious belief was not a significant issue in our sample. In three of the total sample, there was involvement in fundamentalist religion. In two of these cases this was in seeking help after previously alleged Satanist abuse. Both patients were ambivalent about their involvement but stated that these religious organisations had been the only ones to believe their testimony and offer them support. In the third case the organised abuse took place in the context of the religious organisation.

Recovered memory was also not a significant issue in the project. In every case the original allegation of ritual abuse had already been established before the patient was involved in the project. We do not currently have permission to give further information than these bullet-points.

9. Founding of the Clinic 1998

Once the project was completed, the Tavistock and Portman Clinics did not choose to continue the work. Work with victim-perpetrators evokes many complex issues. However, Dr. Robert Hale gained the support of the Trust to refer the remaining patients to Valerie Sinason, who set up an Independent National Health Service Provider Clinic to specialise in these subjects.

On referral, multidisciplinary assessments are provided by a consultant psychologist/psychoanalyst Dr. Phil Mollon and a consultant psychiatrist/psychoanalyst, Dr. Arnon Bentovim. Professor Howard Steele provides attachment interviews, Professor John Morton conducts memory research and Brett Kahr, Chair of the Society for Couples' Relationships, advises on work with partners. With Nancy Dunlop as Clinic Manager, Consultant Psychotherapists include Adah Sachs and Graeme Galton. David Leevers is the Social Systems Consultant who liaises with Police. A range of other specialist therapists work with the Clinic including Rachel Wingfield, Chair of the Centre for Attachment-Based Psychoanalytic Psychotherapy, and Elizabeth Lloyd who also works for the leading charity RESPOND, for clients with a learning disability.

Many of the ritual abuse victims we meet have developed Dissociative Identity Disorder. As there could be an iatrogenic exacerbation of dissociative identity disorder, we take as much care as possible with the interviews.

We convene a monthly Continuing Professional Development Study

Group on psychoanalytic thinking, ritual abuse and dissociation and a fortnightly supervision group.

The Clinic has links with RAINS (Ritual Abuse Information and Network Support), LASAR (League against Sadistic Abuse), RESPOND, the pioneering charity working with learning disability and abuse, ESTD, the European Society for Scientific Study of Dissociation, TAG (Trauma and Abuse Group) and the key survivors' organisations.

We are involved in parliamentary lobbying, teaching and training, and provide individual, couples and family psychotherapy. Although we work basically from a psychodynamic point of view, we bring in a range of complementary treatments according to clients' needs. We have involved art and music therapists, body therapists, cranial osteopathy, reflexology, and bibliotherapy according to the wishes and needs of different clients.

10. Current Impact of This Work Professionally

The initial impact of this work on professionals can be severe and even experienced forensic health service psychotherapists are more powerfully affected by the narratives and emotional interactions of these patients as compared with other vulnerable groups (Hale & Sinason, 1994). Obviously, working with any severe physical or psychological trauma has a profound impact on the professional (Hale, 1997).

However, the nature of ritual abuse is different as Youngson (1994) and the NSPCC (Creighton, 1993) have pointed out. As Kelley comments, "Professionals also need to monitor carefully their own stress reactions to dealing with such horrific allegations of abuse. Even when not directly threatened, professionals involved in cases of ritualistic abuse tend to become fearful for their own safety" (1993, p. 45).

Mike Hames (2000), former head of the Obscene Publications squad, says that "the tensions of the 'belief, non-belief' issue, combined with the strains of interviewing the victims and listening to their stories, often led to sickness and severely low morale" (p. 174). As well as the affecting power of the abuse narratives, which have more in common with concentration camp scenarios than other forms of abuse, the extra attacks by some elements of the media involved in taking on such cases is notable. For example, it has been argued that clinicians are influenced by their primary responsibility to help patients and thus are over-credulous, overzealous and irresponsible and plant memories (Victor 1993). Ofshe (1993) contends that the actions of a clinician in simply dealing with several cases of ritualistic or satanic abuse is "prima facie evidence of malpractice."

Whereas most professionals concur that expertise is built up by seeing

several cases of a similar kind and being able to draw conclusions from that, we enter a very different attitude with this work. Even though a hospital or individual clinician with a body of other similar cases is seen as a specialist, there is a dynamic process whereby those who treat ritually abused patients are seen by researchers such as Ofshe as "guilty." This same condemnation is not applied to those who have specialised in demonstrating the non-existence of ritual abuse. Critics do not appear to see a reciprocal problem in their own build-up of experience. However, such a tacitly allowed denigration of professional clinical experience inhibits disclosures even more.

Clinicians with psychoanalytically informed understanding perceive such polarisation as part of the familiar dynamic processes of professional scapegoating, abuse by proxy of the child, reversal or the urge to shoot the messenger.

This process extends to solicitors and barristers who remove ritual abuse allegations from disclosures of abuse to make them less disturbing and therefore more acceptable to a jury (personal communication, Lee Moore, 2000). It also applies to well-meaning psychotherapists, social workers and psychiatrists removing such mention from files in case they cause confusion. In 1991, *Social Work Today* reported that some ritual elements had been alleged in 34 cases in which the Official Solicitor was then involved (p. 888).

11. Media Responses

Working with trauma is difficult. Working with trauma in an environment or society that is unwilling to recognise it proves more difficult. The relatively small numbers of members in the British False Memory Society have been given disproportionate media space for their views (Sinason, 1998). Practitioners in this field can also expect negative coverage in the False Memory Society Newsletter and at related websites. Psychotherapists who are used to the privacy of the consulting room find this particularly hard.

Not surprisingly, there is a split attitude in the media over the reality of ritual abuse with both a sensational approach to the narratives and a discrediting process to both the victim and professional involved. Quality newspapers can hold both positive and negative news items, often in the same edition. Sometimes a tabloid newspaper provides a detailed expose that is absolutely correct but is not believed in wider society because it is reported within a tabloid. The usually libertarian satirical newspaper "Private Eye" needs to be mentioned here for running anonymous attacks on this reality of this subject in 2008.

11a. May 33rd: A First British Play on DID by Guy Hibbert

A unique event in the media was the BBC TV showing of Guy Hibbert's play *May 33rd*. Hibbert followed the painful journey of a young woman with DID. He interviewed clients from the Clinic for Dissociative Studies as well as other survivors and professionals. His play was non-exploitative, profoundly moving and won a media Mental Health award. Newspaper coverage was unanimously positive. Here the benefits of liaising with those who can bring an unbearable subject into full media attention were profound. Similarly, books by the American teacher/novelist Torrey Haydon, which include narratives about ritual abuse, have been best-sellers.

Conclusion

At the beginning of the 21st century, ritual abuse remains largely hidden in the UK with moments of breakthrough following successful police prosecutions or political lobbying. Mind control and military-inspired mind control are even further from public and professional consciousness. However, the disturbance caused by CIA's admission of water-boarding and the events of Guantanamo Bay and Abu Ghraib have allowed further thinking regarding these issues (Sinason, in press).

Ritual abuse as a whole remains seen as a strange import and there is great resistance to seeing it also as white, middle-class and home-grown. The positive sides of internet-international co-operation, such as occurred with the publication of this book, can help to reduce resistance and increase professional co-operation. However, it looks like a long hard road.

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Chapter 15

A Therapeutic Relationship: Shifting Boundaries in the Service of Healing

Lorna Joan Brown

Introduction

I was so moved by the story that enfolded as Dibs and I worked together that I wanted to pay tribute to her for surviving and for persevering in therapy over eight years. I also knew that shifting of certain therapeutic boundaries is frowned upon and yet in this instance the client seemed to be helped as a result. I then thought that this knowledge might be useful to other therapists and clients and so decided to write up our experience in a PhD dissertation.

The Research Design

A qualitative research approach was adopted to conduct the research because the main goal of the study was to explore the therapeutic relationship with one client with specific reference to shifting boundaries within and around this relationship. This included looking for changes that occurred in the perceptions, beliefs, behaviour and understanding in the bio-psycho-social-spiritual contexts of our therapy and research relationships of the client and myself.

The increased validity given to qualitative research made it possible to conduct the research in a meaningful way. The post modern research paradigm that rejects the search for ultimate truth and favours instead the co-existence of a multiplicity and variety of situation dependent ways of viewing phenomena sometimes called pluralism informed this study. It was then fitting that certain concepts from systems, constructivism and constructionist theories were included.

Different methods of constructing the research were used. Although elements of narrative enquiry and grounded theory were used to construct this naturalistic study, grounded theory was the dominant methodological approach that informed the gathering and the processing of data within this case study.

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Certain themes emerged over time and these were present in and reflected in all the systems researched in this study. The various systems included Dibs family of origin, the therapeutic system, The System, the supervisory system and the academic system as well other systems in which I was involved such as the Systems group with colleagues. The themes were; control, strong negative feelings, abuse, shifting boundaries, time—past, present and future—and multiple voices.

The Story

The fifteenth of August 1994 dawned much like any other day. Later on that day Dibs and I met for our first appointment. The name Dibs was chosen when I began to write about the story of our work because it was important to her that her identity be protected. I chose the name because our work reminded me of Dibs in Virginia Axline's book "*In Search of Self.*" Our work also seemed to be about a search for "self."

Had either of us thought about it on that first day, we would probably have considered that we would meet for a few times, deal with the issues and then part. Neither of us could possibly have had an inkling of the horrors that were to emerge or the experiences of terror and at times joy that we would share over the next eight years.

As mentioned previously I was filled with admiration that Dibs had survived the torture and very severe abuse in the first ten years of her life; that she did eventually ask for help; managed to work really hard in between sessions; remain in the relationship and continue working despite the pain. She agreed to the recording of the research but at times this became a source of enormous conflict and remains an issue for her. I had said that I would give all material to her before I submitted it but when this became very time consuming and emotionally draining I handed work in before she saw it. I regretted this afterwards and when we did manage to struggle through what information was included and in what words, the encounters were very meaningful. I had really wanted her to be happy about the thesis but we eventually agreed reluctantly that she would remain unhappy about some of what was included and I would remain unhappy that she was not happy. She feels that what has been written contravenes our original agreement and she remains unhappy and concedes that her agreement remains reluctant.

In the early years when bizarre occurrences became the order of the day and I shifted some previously firmly held therapeutic boundaries, my colleagues and family members were disbelieving, disapproving and afraid for me and themselves. The boundary shift in the beginning stage was

about my availability to receive telephone calls. This proved an irritation to colleagues and family:

> In therapy, with a therapist who is prepared to accept that there could be truth in what is being told, a 'satanically' abused patient can gradually recover from the nightmare of those memories from which there had seemed to be no escape except perhaps into insanity. But to enable this kind of patient to recover, the therapist has to take risks with his or her own more usual sense of sanity—and often without the security of having colleagues prepared to understand the nature of this work or prepared to support it. (Sinason, 1994, p. 25)

Over time I realized that intimidation and terror tactics are used by abusive systems to control and that I was not in danger. I thought that it might then be useful to share my experiences which might be of benefit to others who encounter satanic or other cult-like systems in their work.

At the very first session issues around control emerged and Dibs was startled by my question about when in her past she had felt out of control. She spoke about having been severely controlled by others physically, emotionally and spiritually. My memory is that I then asked her whether she had been abused as a child but she recalls that I made a statement. She often referred to having had her boundaries crashed in those early years.

The conversations in the first year were largely about sexual abuse. She had remembered some incidents but as we talked she remembered many more. It was only in the third year that satanic and cult connections began to be made. This was just prior to her 42nd birthday (6X6+6) and her biological father's 66th birthday which was on the 6th of a particular month (6+6+6). The family had held very high hopes for Dibs. At an early age it became clear that she had psychic abilities and this is prized in cult circles. She was also the first born of her father who headed a cult system and she was earmarked to take over as High Priestess from him. Much of the early torture and abuse was to prepare her for this position.

The focus of therapy at this stage was on listening and supporting Dibs as new and ugly memories emerged. It also included facilitating shifts in her thinking from, "I am dirty" to "Dirty things were done to me." Of immense help to her was also the realization that the emerging memories, although filled with horror, were in fact memories of events she had survived and not current happenings.

When her father made attempts to get her to return to the cult, he sent her gifts and suggested that she travel to the city where he lived so that she could listen to what he had to say and if she wanted to, she would be free to leave. At first she was tempted to go but decided against it. This then led to more menacing approaches, harassment and threats. Eventually on the advice of an adoptive family member she approached an individual in his private capacity to protect her against the people who were intimidating her. What was not known at that stage was that the man hired to protect her did some freelance work, but he also worked for a much larger and very powerful system. In this way Dibs unknowingly became a client of this system (The System).

The System was very good at protecting her physically and on several occasions foiled attempts to abduct or kidnap her. However, what emerged over time was that this system had been involved with at least one other client who had fallen under the influence of the same cult or family. At that stage The System had in their possession half a formula from this client. In their investigations about Dibs, they discovered that she had the other half of the formula deeply buried in her unconscious.

The System put pressure on her to reveal the formula. The members protecting her became more and more intrusive and she was watched 24 hours a day. She became increasingly isolated as visits to or from friends or colleagues were discouraged and at times forbidden and she was often taken to various places of safety. Attempts to separate her from me were also made. Fortunately a senior psychologist in The System insisted that she remain with me.

On the third anniversary of our first meeting I shifted a previously firmly held therapeutic boundary and agreed to go out with her for a meal. By that time she was facing up to horrific emerging memories and having to search deeply within herself which was very exposing. It gradually felt more and more unequal for me to maintain the boundaries around self disclosure and having some social contact.

It came as a surprise to me that she was not really interested in personal details. What she needed to know was more about my belief system and resources and perhaps unconsciously she needed to know that I could survive both the horrors of her past as well as what was happening in the present.

The pressure from The System was relentless and they were impatient to get the formula to serve their own ends. Dibs and I worked together using dreams that she was having at the time and the bits and pieces of information that we had and some progress was slowly being made.

Under the guise of needing additional protection she was taken out of

town where she was put under enormous pressure by being allowed only very restricted access to me and being pressurized to submit to other professionals to be hypnotized. When she refused, her medication was tampered with and she became more and more disorientated. Later when a tampered capsule was analyzed, it was discovered that a banned substance had been inserted. This causes compliance and takes a long time to work its way out of the system. Eventually the same psychologist mentioned previously became very distressed when he found her in the disorientated state and insisted that she be taken home immediately. I took her to a hypno-therapist on her return, and we managed to recover the formula which was then given to The System.

The formula led directly to other information about international criminal activities and exposed some of those involved. It is known that various court cases followed and some of the perpetrators served terms in prison. After each of these intrusive incidents by The System, it understandably took many sessions to enable her to recover and before we could again do any internal work.

Another boundary shift began to occur in the latter half of the third year. We discovered that when we were together The System was less intrusive and demanding. Our work for different organizations took us out of town and at first we coincidentally ended up in the same town at the same time. Later we organized this deliberately and then stayed in the same hotel or bed and breakfast. I then also experienced first hand the intrusiveness and harsh treatment especially by some of the helping professionals in The System.

As we spent more time together in situations other than therapeutic, I was able to observe and experience her very differently from the usual limitations in therapy. At one time whenever we watched a TV programme "Days of Our Lives" she would fall asleep within seconds, make distressing whimpering sounds and then talk in her sleep. Much later we discovered that the hourglass used in the beginning of the programme was a trigger for her to sleep. What she said in her sleep often became an aid to remember certain incidents from the past. When she had disturbing dreams in the months that followed, we also used a tape recorder to record what she said in her sleep. Again these recordings proved invaluable in the therapeutic work that followed. Listening to what she said, or to the tapes, was extremely difficult and painful for me because the dialogue was usually between her and her mother and often in the plaintive and pleading voice of a small child begging that something not happen. Sinason (1994) confirms that, "most of the procedure regarding indoctrination of children

is carried out at home, much of it by their mothers" (p. 243).

Dibs was subjected to many known methods of torture and abuse. To mention only a few—she was sexually, physically, emotionally and spiritually abused in various violent ways. She was locked in cupboards, cages and small dark places. She was deprived of food and at other times, force-fed. She was given drugs, tortured with electrical devices, given gas and hypnotized to make her compliant. Various forms of brainwashing and mind control were applied in order to control her and programme her to carry out instructions at some future date. Some had to do with getting her to talk to "the invisible people" and bring back messages for the group. These often had to do with businesses and making money. Her perpetrators believed they owned her and told her repeatedly that they did and that she was being prepared for some high office in the group at a future date. Coleman (1994) in a chapter titled "Satanic Cult Practices" describes in detail what happens to children born into these circles. This confirms what has been written above.

Dibs was desperate for love and to be held by her mother which was denied her. In later years she could not understand this need that persisted despite the continual abuse. This process is aptly described by Herman (1997):

> Even more than adults, children who develop in this climate of domination develop pathological attachments to those who abuse and neglect them, attachments that they will strive to maintain even at the sacrifice of their own welfare, their own reality, or their lives. (p. 98)

The training for Dibs to take up office in satanic circles at a later stage intensified particularly during a period of about five months stretching over Christmas, the New Year, her birthday and various satanic celebratory dates up to and including Easter. She remembers feeling confused when others seemed to expect her to know things that she in fact did not know. It is not clear if there was an expectation that she should know because she was psychic or for some other reason but she often pretended that she knew to avoid punishment and further abuse.

There was a culmination of horrific events involving Dibs, both in terms of what cult members did to her and what was required of her to do for them when she was ten. It is likely that she was reaching some kind of limit or ultimate boundary in terms of her level of tolerance. She became withdrawn at first and then became violent, destroying the contents of a room. This infuriated the man whom she only later came to know as her father, who no doubt felt helpless. He became so violent with her that he

injured her very severely and she had to be hospitalized.

Dibs sustained severe head injuries that required surgery. The surgery was delayed so that her condition could be stabilised. Her jaw was also broken. Later plastic surgery was done to lift the skin on her forehead so that the scar is now just above her hairline.

Dibs was warned not to tell what had happened but to say that she had fallen. Children who were abused by the cult members were told that the perpetrators would know if they broke the silence. Coleman (1994) writes about the experience of survivors in this context:

> Survivors tell how as children, they were taught that spiders and insects were Satan's agents, who were watching them and reporting back to him. Some say they were forced to swallow eyeballs 'so they could be watched from inside.' (p. 249)

The hospital personnel could see the signs of the abuse that had been particularly intense for the five months preceding the assault. While Dibs was in the hospital recovering from the operation on her damaged skull, her mother threatened her. A nurse witnessed this episode and this led to further access in the hospital being denied the mother. She was later permanently removed from her biological parents and adopted. All access to her biological parents was denied. Her worst fear of losing her mother was thus realized. Her mother had always threatened that she would go away and now Dibs was faced with this reality. As is common in these situations she blamed herself. She had been told often enough that things happened to her because of what she had done or not done. She had been threatened frequently that her mother would leave her for the same reasons.

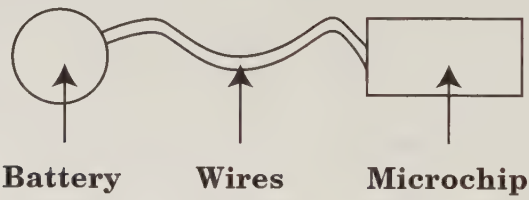
When Dibs was being taken to the hospital after her injury she had been told to say that she had fallen. Although she had not divulged any facts about what had happened her mother accused her of doing so. The inner conflict, self-blame and loss was too great for her and she found it easier to disappear into a world of her own where she remained for a year in another hospital.

Eventually Dibs re-emerged into consciousness and was returned to her adoptive family who never spoke about the past and all evidence of her mother was removed. There is little doubt that the adoptive family did the very best that they knew how at the time and believed that to be the best for the child. She returned to school and was admitted into the same standard she would have been in, had she not missed a year of schooling. It

is not surprising that she felt then that she was stupid and slow and always behind her peers in her school work.

At the age of fifteen, an older man courted Dibs. Both at this stage used various mood enhancing drugs. She fell pregnant and they married when she was sixteen and a few months later she became a mother. Much later it was realized that this man had been sent by her biological family to woo and marry her as a way of getting her back into the cult. The marriage was conflictual from the beginning and ended in divorce. After we had been working together for some time, it was also discovered that during the early marriage when she experienced severe abdominal pains and was admitted for a medical procedure, a device was inserted into her uterus that was both a sender and a receiver. It would seem that it was used both to track her whereabouts and to send various signals that affected her behaviour. On one occasion the sounds emitted from this device were clearly audible to me. It made a bleeping noise similar to that made by a cell phone when a message has been recorded or the sound made by a bleeper. She was so disconcerted by this that she had herself X-rayed. The device was clearly visible in her uterus and was then removed under anesthetic by a gynecologist.

Figure 3.1: Microchip found in Dibs' abdomen



The birth of her child had a profound effect on Dibs. She realized almost immediately that this little being was dependent on her. She had been able to withstand taking drugs while pregnant and did return to that lifestyle after the birth. She was soon aware though, that she was subjecting the young baby to some of what she had experienced in terms of her mother not being there for her. She decided to make some changes and give her child a different experience.

Very, very slowly she picked herself up from the world of drugs, improved her education, obtained qualifications and found a good job. She

has remained clear of drugs for many years now, holds a position of authority and leadership at work and has been a good parent. Her child is now a successful, highly qualified young person in stable employment.

During the years when we were constantly terrorized by The System the therapy focused mainly on managing the day to day harassment but the internal work continued simultaneously. Dibs struggled during this time with the issue of who she is. Eventually she wrote a moving poem about her conclusions.

You came into being —a small insignificant egg.
At first you were not noticed…
When they tried to do away with you,
You clung to your leaf —not to be denied your life.

You emerged a tiny squirming worm.
Wriggling and vulnerable.
You should have been cared for—loved.
They never saw your worth…
You were abandoned.
Then came the black creatures…
They tried to feed on you—take your life.
You crawled under the leaves.
So hard to grow there,
But at least you were alive,
Even there, the creatures sometimes saw you—
Tried to feed on you…
They made you bleed.
But you were alive—
Scarred and scared…
Barely alive.
Because of the blood,
You were shunned by the others.
Being afraid, feeling pain,
Fighting to survive – became too much.

You gathered the last of your strength—
Found deep inside.
You spun the cocoon around yourself.
You were protected—
You could no longer be preyed upon—

You could no longer feel the pain.
You were alone.
It was dark and you were alone.
And quietly in the darkness…
You forgot feelings,
You learnt to deny your being,
It was the only way for you to live—
The only way to survive.
Alone.

It was dark and you were alone,
For an unmeasureable time.
Then suddenly—you FELT something…
What was it?
At first the feeling upset and confused you…
It was the warmth of the little ray of sunshine.
You didn't know what to do with the feeling.
But the little ray of sunshine—
Just continued to shine.

You began to understand,
It was time…
Time to leave your cocoon.
Very slowly you crawled out,
You were bewildered.
So much had changed…
Within you.
It all felt so different—yet the same being.
You discovered more to yourself,
Parts of you—
Yet foreign to you.
Like two great sections
Growing out of your back,
Weighing you down—
Needing to learn how to work.
But they were crinkled up and wet.
They were not able to work.

You knew what to do…
Hang upside down from your leaf—

So very, very frightening
And uncomfortable. But necessary —
So that the 'new' parts could unfold.
To warm and dry these parts,
You needed the little ray of sunshine…
And it was there.

You began to wonder
If this was the only way through?
Was it really necessary
To endure this process?
Would these parts ever dry—
Or unfold and actually work?
After all, you'd never believed
You would ever emerge from your cocoon,
Why then would you need any new parts?
You didn't deserve to have any.
You should just be grateful to be alive—
More was never for you,
Or was it?

The dreadful little ray of sunshine
Seemed so convinced
You were doing just the right thing,
It just continued to shine…
And shine and shine!!!!

And so you hung in there
With all you had—
You let each crinkle
Begin to painfully unfold.
Sometimes the discomfort of
Hanging upside down disoriented—
Confused you.
At times the pain of unfolding—
Seemed unbearable.
Sometimes you'd even
Try to crawl back,
Back into your cocoon—
Only to find

This had now become impossible.
You had fitted in there
So snugly before—
But now
Your growth
Had made it impossible
To go back.
There was nothing else to do
But to continue
To hang upside down—
And let yourself unfold.

You opened your eyes.
What was all that colour?
Splashes and streaks
Of blue, violet,
Pink, yellow and red.
Your wings!!
Your wings!!

You stared at yourself
In disbelief.
You are no longer a worm—
But a beautiful butterfly—
Still discovering the colours of your wings.
But nevertheless
A unique butterfly
With wings to fly…
High, high
Into the sky—
Alongside my precious
Little ray of sunshine.

And just who do you think you are?
The sound of the black creatures
Echoed through your being
From way back under the leaves
Under the leaves
Where you once were
Now you are out

Above the leaves
And they
They are back there
Trapped under the leaves
And I'm glad
So glad
I wonder if it's wrong
To be so glad
That they are trapped
Trapped under the leaves
I hope it's dark there
So dark
Who do you think you are?
The voices echo again…
I'm tired
So tired
And the ray of sunshine
Shines
And in that light
Again I see the colours
What is it?
My wings! My wings!
They are the parts that once
Grew so painfully
From out of me
Parts I didn't know I had
And with these wings
I want to fly
High into the sky
I tried
The wings would do nothing
Two parts of me
Side by side
Full of colours
Yes—beautiful
Yet they would do nothing
I looked at one part
So colourful
And perfectly formed
I looked at the other

It too—colourful and perfectly formed
Two parts
Of me
Separate
One from the other
And somehow
With me
In the middle
I could not fly
Why?
What was the secret?
Bring the two parts together
Whispered the little ray of sunshine
But it is so painful
It all feels so stiff
So unknown
Try…
She whispered
Bringing the two together…
It was the hardest thing I'd ever done
Harder than
Bleeding under the leaves
Harder than
Being in the cocoon
Harder than squeezing out of the cocoon
Harder than
Hanging upside down
Harder than letting my wings unfold
Bringing the two together was the hardest thing I'd done
Holding them together was worse
But as I continued
To work at it…
Bringing them together
Holding them together
Letting the effort go
Bringing them together
Letting it all go
Bringing the parts together
Holding them together
Letting the past go

I'm flying…
Sometimes there's wind
And rain
And it's hard to fly
But I know I can
And sometimes
The ray of sunshine
Goes away a while
But she always comes back
Even when gone
I know she's around
Not far away
And I can fly
I don't have to try
So hard anymore
The parts come together
More naturally now
I never knew about those parts
So colourful
I kept them
Tucked away—hidden
And all the time
They were my wings.
Sometimes
Shadows fall
And the ray of sunshine
Shines
Shadows fall
And the ray of sunshine
Shines
So I don't forget my colours
The parts I've found,
The parts that grew
No more can I deny
There's so much more to me
It's true
I have to say I grew
And grew
And now I fly
I fly, I fly.

This is Dangerous Work

The fifth year of therapy was characterised by further attempts by The System to intrude into Dibs' life and a gradual increase in her confidence to resist such intrusions.

In the early months of the year several new "protectors" came into Dibs' life and various devious methods were used to try and win her over. One man tried to engage her into co-operating with them by dressing as a clown and appealing to the part of her that enjoyed having fun. He was working with another man and a female social worker and they said that a study was being done about people who had been in protective custody. Their interest in Dibs was to get material for this study. Persons from The System also approached her about her psychic abilities and made her an offer of employment in The System. At first this intimidated her but later she learned to say no directly and also wrote numerous letters to them to this effect but they were ignored.

When Dibs' psychic ability was first mentioned by The System she denied vehemently to them that she had any such abilities. On one occasion we went to a local bookshop to read up on this phenomenon and were told later by a man from The System that we had been followed and observed as we consulted various books. Our conversation had also been listened to. At that time our telephones were monitored more or less permanently and at times it was very difficult to talk because of the persistent echoes and clicks on the telephone line. These unwanted intrusions across our personal, social and work boundaries were an invasion of our privacy and our right to move about without being observed. The right to human dignity, freedom, security of person and privacy, as laid down in the Constitution of the Republic of South Africa (1996) may be challenged in a court of law when violated. Knowing this also increased Dibs' confidence to say no.

What also became evident during this period was that there were two divisions in The System and that people from the section who were harassing Dibs were in disagreement with the other division. There were ambivalence and tension within The System itself. A bizarre situation arose where employees from one division protected her from their colleagues in another division. However, the harassment was persistent, cruel and invasive and no matter what she did to protest, it seemed to make no difference.

The work has required immense courage on behalf of Dibs, my promoter and myself, as attested to by at least one other therapist who chose to remain anonymous for safety reasons (Ryder, 1996). The context in which we found ourselves was and probably continues to be potentially danger-

ous but I have also learned through personal experience that a small group of committed people can make a difference when they are not intimidated by the danger. The lack of safety relates to cult-like and other abusive systems often being involved in local and in certain instances international criminal activities involving the use of violence. When there is danger that these activities, individuals or systems will be exposed, the survivor and the therapist are potentially in danger of being harmed. There is also reluctance by perpetrators in these systems to let go of victims who have been programmed to act as puppets that jump at the pull of a string.

Abusers often harass survivors for years after they begin to break free from the fetters that bound them. Rutz (2001) writes that she wished that she could say that she had been free from all contact with her former programmers and handlers since she began to heal but she cannot. She was 16 when she managed to break free from the abuse but twenty-six years later there was still contact from the abusers. By 2001 she was able to state that she was no longer being contacted. Dibs was removed from her abusers at age ten and 32 years later attempts were still being made to get her to return to the cult-like system. She even had to endure an attempted kidnap that was foiled by The System.

The System however, was also a danger to Dibs. They used the same underhand and at times violent methods to protect Dibs as the abusive system had used to abuse her. Later it emerged that they had been involved in some way with the abusers in the past and there was obviously a great need to protect this information. It was only when Dibs managed to feel confident enough to look outside the abusive systems and turn to The Commission that the abuse and harassment from The System subsided.

In times of danger, shifting therapeutic boundaries seemed to help. For example, in contrast to the allegation that telephonic contact between sessions may promote dependence, the experience of calls in this therapeutic context seemed to have had the opposite effect. Often when Dibs called she was feeling overwhelmed and panicky. After a brief conversation she felt sufficiently strengthened and empowered to continue on her own. Over time this led her to feeling more confident about herself and she learnt techniques, such as self-talk, that enabled her to resolve certain crises herself, with the result that the calls became less frequent.

Body Memories

At the time that we were working on retrieving the information so sought after by her family-of-origin and The System, body memories began to appear. At times these emerged prior to a visual memory and at other

times afterwards. They were worrying and not easily understood by Dibs, her medical doctor, or me.

At one time her iron levels dropped dangerously low and she developed infections for which no reasonable medical explanation could be found. The infections were common in children who played in close proximity to the ground and are not usually found in adults. At another time Dibs had a sore throat that developed into a chest infection. What baffled her doctor was that her throat revealed signs of having been burnt by gas or some chemical substance. The memory associated with this, which emerged later, was of a substance, possibly sulphuric acid used as an aid to induce a trance-like state in her during a ritual in which she had been forced to participate. She also suffered persistently from anemia at times although there was no obvious cause. Once the memory surfaced the body symptoms usually abated.

Memories of this nature are often questioned with regard to their accuracy. Fonagay and Target (1997) cite several researchers regarding the controversy around the accuracy of traumatic memories. Some researchers maintain that there is much evidence to suggest that details of autobiographical memory are distorted. However, others state that early memories of traumatic events are likely to be broadly accurate, even with regard to the third, fourth, and fifth year of life.

The phenomenon of body memories is well documented by Van der Kolk, McFarlane and Weisaeth (1996). They also mention that trauma effects development and the ability to learn.

Dibs struggled with learning to read as a child and even today she reads slowly. She has also spoken about feeling limited in terms of language, having a limited vocabulary and often feeling that she did not know what she was supposed to or expected to know. Often this resulted in severe punishment by the perpetrators. As a result she pretended to know.

In the telling and re-telling of her story, Dibs no longer attributes her language difficulties to being stupid. She recognises that she is an intelligent and creative person and that a more likely explanation for this specific early learning problem could be her sporadic school attendance and extreme emotional stress brought about by prolonged subjection to intense and severe abuse by her family-of-origin and other perpetrators. She has gradually become more confident about herself and has learnt to ask or look up the meanings of words and so increase her vocabulary and other language skills.

Two very frightening body memories almost resulted in surgery. The one was a growth in Dibs' throat and the other a shadow on her brain,

both diagnosed by medical specialists. The growth disappeared after we had worked with various metaphors about "the lump in the throat" such as what she needed to cry about, or what the lump was making difficult to talk about. It is my belief that physical symptoms are often metaphorical reflections of suppressed emotions or memories that are, as yet, too painful to know about.

The shadow on Dibs' brain was accompanied by a symptom of falling. It was as if from time to time her knees would just collapse and she would fall over. The "key" to this symptom was that she had been told to say that she had "fallen" when she was admitted to hospital after the incident described previously when she had been severely injured by her biological father. Once this surfaced the shadow disappeared, as did the falling.

The way we worked together on finding the "key" was to talk over and over again about what the symptoms might mean in relation to past experiences. Attempts were made to make connections between the present symptoms and the past. Dibs increasingly used the safety of the therapeutic relationship where she had the freedom and control to explore at her own pace, and permit previously suppressed memories to emerge and be expressed consciously. This was in stark contrast to the past when she was controlled by force and fear and was unable to express her own experiences or feelings openly.

Mind Control

Very shortly after feeling stable for the first time in her life some new and disturbing symptoms emerged. Dibs described them as flashbacks and yet said they were different from past experiences. Flashing lights as in changing traffic lights or various colours flashing on a computer screen would trigger the flashbacks.

This led to new and terrifying discoveries. As time went by Dibs was assaulted with new discoveries about her past and what was done to her. In sessions we spent time talking about the flashbacks and recurrent dreams that she was having at that time. The dreams usually included her mother in a smallish room. As she talked in the session she would become aware of vague images at times and at other times a memory of a man or several people being in the room. Then she started remembering their names. These names were at that stage not known to either of us. The first name that came to her was "Cameron." Later we established that a man called Ewen Cameron was one of the men used in North America to perform Mind Control experiments on children in the 1950s and early 1960s.

According to Rutz (2001), Mind Control experimentation was done

in America from 1953. Much has since been written about what was done to victims under the CIA controlled MKULTRA, Bluebird and Artichoke programmes (Rutz, 2001; Ryder, 1996; Taylor, 1999). " 'Mind Control' is a rather vague and nebulous term to label methods of extreme coercion that result in an individual's involuntary, robotic compliance" (Taylor, 1999, p. vi). Dibs' biological parents and more recently a sub system of The System, we suspect were both involved in the perpetration of this form of abuse.

Mind Control experimentation included the use of sensory deprivation and the use of electrical shock techniques. "Other methods used to alter brainwave states include, but are not limited to, rapidly flashing lights, drugs, phased sound waves, negative ions (electromagnetic energy fields), electroshock, alterations in gravity in the cerebellum (spinning), microwave emitters, and lasers" (Taylor, 1999, p. xxi). Mind Control is a shattering experience for the victim who frequently feels fragmented and confused by such external manipulation and control. Perpetrators of Mind Control use the natural and healthy ability of all individuals to dissociate or split mental functions under certain conditions, to serve their own diabolical purposes. This is a gross violation on multiple levels and spheres of one's bio-psycho-social-spiritual make-up.

Mind Control is the ultimate form of control and intrusion. The methods of torture and abuse that are used as well as the introduction of cue words serve the purpose of later exercising almost complete control over the victims who then act as robots in the service of their perpetrators.

As our work continued strange words would come into Dibs' mind. They seemed to have no meaning or link in her memory. When I put the words into the computer the search engines shot across the screen as they found the links. Some of these were Aegis Psi War, M.J.12, Milkweed and Annunaki. A memory also surfaced in which the dates 21–23 March 1965 emerged. She knew that it had to do with a conference about Apartheid that took place in America. It took some time to find a reference that matched this but I did find a record of a "National Conference on the South African Crisis and American Action, Washington DC 21–23 March 1965 organised by the American Commission on Africa. Resolutions A/AC 115/l.122." It may be significant that Sharpeville Day is 21st March. Most of the above was linked in one way or another to MKULTRA or similar Mind Control programmes.

Apart from recalling the name Cameron as stated above, other names recalled were Gruenbaum, Gottlieb, JJ, Drs Black, Green and White and Estabrooks. Later Joseph Mengele also surfaced. These are all well-known perpetrators of Mind Control (Rutz, 2001; Ryder, 1996; Taylor, 1999).

When I was reading to Dibs from a relevant book and read the name Orne, she immediately said Martin, which is his first name.

When Dibs first spoke about JJ, I e-mailed a contact in America who replied immediately that this man's name was James Jesus Angleton who was Central Intelligence Agency (CIA) and White House connected and known in connection with Wizard of Oz programming (Schnellar, personal communication, June 7, 2001). Rutz (2001) said of JJ Angleton that he worked for the Document Disposal Unit that laundered CIA money to use for their projects. Reference is also made that Angleton and others sabotaged the CIA filing system to protect State Department Nazis.

This is Difficult Work

Therapists working with people who were subjected to Mind Control experimentation should bear in mind the torture and extreme trauma these people have experienced:

> Working with people who have been traumatised confronts therapists as well as patients with intense emotional experiences it forces then to explore the darkest corners of the mind, and to face the entire spectrum of human glory and degradation. Sooner or later, those experiences have the potential to overwhelm therapists. The repeated exposure to their own vulnerability becomes too intense, the display of the infinite human capacity for cruelty too unbearable, the enactment of the trauma within the therapeutic relationship too terrifying. (Turner, McFarlane & Van der Kolk, 1996, p. 552)

Within the therapeutic relationship the therapist needs to become a symbol of predictability and safety, as well as a person in whose presence ambivalence and control can be worked through. Idealisation is a necessary component as well as a space and place to explore disappointment, autonomy, and disagreement.

The ability of both therapists and patients to endure ambivalence is also important. When this becomes possible, patients are enabled to become more autonomous, less clinging and to experience greater self esteem which equips them for more effective action in their life situations. Therapists are also required to exercise extreme patience.

Turner et al. (1996) postulate further that it is also important to leave as much control as possible with the patient and not accept the helpless-

ness, which is often so prevalent in this work. Because the therapy involves all the affects and effects of the original trauma it may become unbearable for both patients and therapists at times.

Some Concluding Comments and Conclusions

As mentioned earlier, the increased validity given to qualitative research made it possible to conduct this research in a meaningful way. The focus has been on the shifting of personal, therapeutic, knowledge and other systemic boundaries in order to increase the flow of the water of life, constrained by conditions of multiple abuses in the past.

This therapeutic relationship was Dibs' first experience of a relationship in which she was able to trust enough to be open. In the early years she could not trust her abusers and in later years, while she could trust her caregivers, she could not open up to them because of the prohibition on talking about her past.

It can thus be postulated that this therapeutic relationship as it developed and deepened provided a safe environment in which to do the therapeutic work that has taken place over eight years. The therapeutic relationship also provided a safe enough climate for Dibs and me to risk shifting some traditionally held therapeutic and research boundaries as we struggled together to find ways to manage our emotions, external and internal turmoil, and challenges.

During the first session Dibs spoke about many strong negative feelings she was experiencing at that time. These were mainly feelings of fear and distress and she did not understand why. She also felt less able to control these feelings, hence her temptation to bash her head against a wall, which served to increase her tension and fear of becoming overwhelmed by the feelings and then not being able to cope with daily life.

It was also very clear from the outset that although Dibs felt out of control of her escalating feelings at times, she also felt it was important for her to maintain as much control of the expression of these feelings as possible. Her need for control also extended to attempting to control information as it emerged in therapy and we discussed confidentiality in that session and in many subsequent sessions. She was reluctant that any records be kept of our sessions and at that stage did not want anyone to know that she was talking to me.

Keeping firm traditional therapeutic boundaries regarding fixed times and one place for regular sessions without self-disclosure on my part seemed called for at that stage. The only concession from the outset was allowing Dibs to contact me by telephone between sessions.

Although we dealt with the feelings Dibs was experiencing at that time, it was clear that many of these feelings had their origins in her early childhood experience of cult-like abuse. As our relationship developed I came to know that Dibs' early caretakers had also been the perpetrators of the abuse and so it became imperative that she experience a close relationship that was not abusive. The firm therapeutic boundaries mentioned previously that were appropriate in the early stages of therapy Dibs later experienced as controlling and unequal.

Shifting boundaries emerged as a dominant theme when Dibs began to experience our relationship as increasingly unequal and controlling. This coincided with my withholding of self-disclosure or declining to make certain concessions in the traditional psychoanalytic frame, such as refusing to meet for a meal or at a venue other than in my office. Over time it seemed important to be able to shift boundaries without this being experienced by Dibs as controlling.

When we eventually met outside the therapy room and went for a meal and to chat about everyday matters, Dibs experienced it as nurturing and being treated and regarded as a person and not only as a client or a passive victim. Our therapeutic relationship was characterised by closeness rather than the distance that is recommended by many psychoanalysts. I was actively involved in the conversations that took place and did not take up the role of a listener and interpreter only. I also became involved in protecting Dibs from The System and in communicating directly to The System about how Dibs experienced their methods of protection as abusive.

Other boundary shifts involved extending both the length and frequency of sessions from the traditional hour a week to at least two hours twice a week for a period of time, as well as meeting at venues outside the therapy room. At one time I increased my availability to 24 hours a day as far as telephone calls were concerned. Dibs always handled the latter with consideration and did not call late or at night or at times I had not agreed to previously.

Some therapists for example Herman (1997), Lynn (1993) and Turner et al. (1996) who work in the area of cult abuse, loss and trauma, have experienced similar needs to shift certain therapeutic boundaries. Etchegoyen (1991) supports the use of flexible rather than rigid therapeutic boundaries, while Little (1993) holds that Winnicott's flexibility, for example visiting her in her own home when she was ill, contributed to her healing after having suffered abuse herself.

The cost to the therapist of shifting boundaries in order to facilitate healing in victims of prolonged, severe and multiple abuses is high and the

personal investment, particularly in terms of energy, time and emotional resources, is huge. For therapists with busy practices or in certain life situations involving decreased personal control, this approach might not be possible or advisable.

The friendship that developed over time helped Dibs to feel that she had value as a person and not only as a client. It was often important to her that we connected on levels other than the therapeutic. At times it seemed to her that only the work on her inner system was important and she then felt as though the part of her that was doing the work was getting lost in the process of working on the inner system.

The collegial relationship also did much to bolster Dibs' confidence in her work as well as learn about herself. Often the content of our work together included aspects of self-knowledge, self-growth and life skills that increased her knowledge and skill base. When she applied what she had learnt, it increased her skill level in working with people. As she confronted her own loss and pain she was more able to be present with others in loss and pain, as she no longer needed to defend against those feelings in herself.

Strong negative feelings in the later years were present in most sessions over time. These feelings included despair, desperation, unhappiness and helplessness and anger. The feelings triggered in the present were often related to events from the past. For example, when Dibs felt hounded and intruded upon by The System, she would feel trapped and helpless and this would provoke horrific memories of past abuse and the feelings of despair and helplessness that accompanied those experiences. Other intense feelings were about the losses, such as the loss of innocence and the loss of childhood as well as the loss of a way of life and friends that she still experienced in the present. These experiences needed therapeutic work in order to bring healing from past hurts and pain so that she could manage her day-to-day life. These feelings also influenced how she thought about her future and she agonised about whether she would ever be able to reach a stage when the past did not intrude and affect her life in the present.

In the satanic cult in which Dibs grew up she was exposed to extreme degrees of control. I became sensitised by the above knowledge and leaving as much control as possible with Dibs in the process of therapy became very important. What she brought to therapy, the pace at which we worked and ending a particular conversation was left largely to her. When I felt it important to work on or return to an issue, I always checked this out with her first even though at times I felt it very important to pursue or return to a particular instance of abuse. She seemed to know when she

was ready and would then be willing to do the painful and difficult work of accessing and dealing with these traumatic memories.

Further therapy is still required to work on various aspects of the past that continue to intrude into the present. One example is the surfacing of intense and excessive anger inappropriate to a stimulus in the present, such as some inefficiency of an employee. This is decreasing gradually over time. Dibs is also still plagued by strong negative feelings of anger and despair about the fact that the control and abuse happened in the first place and that she was the innocent target. She often feels helpless and despairing and has to work hard to prevent depression from controlling her life even further.

Abuse was another theme that recurred over time. Dibs was abused emotionally by being denied love and affection and being made to believe that she was responsible for incidents unrelated to her, for example when her father became angry with her mother.

As time went by and certain memories surfaced, they were often experienced as an additional trauma as she relived the horrors of the past as if for the first time. At times the work we did together to retrieve and heal memories also felt abusive to her despite the care that was taken to be gentle and leave as much control as possible in her hands.

Confidentiality and control of information about Dibs' past and the therapy was another theme that emerged from the beginning of the therapeutic and research relationship. At first she did not want a written record of sessions to be kept. As mentioned earlier at each step on the journey she was at pains to prevent information about her becoming available to additional people or organizations.

This remains an issue for her and even the request to write this chapter has been difficult for her. Unfortunately this need to maintain the secrecy or confidentiality about Dibs' past was reinforced after some bad experiences with a few professionals and family members who seemed to treat her with less respect and regard after they knew something about her history. She has also always been adamant and determined to protect her adoptive family and her child.

Connections between the past, the present and the future also became a theme. Feelings triggered by an event or stimulus in the present such as an experience of intrusiveness or feeling taken advantage of were often experienced as excessive and disturbing because they evoked memories of the past. At times the connections between past and present were clear and at other times they remained elusive. Sometimes something in the present, such as a flashing light, would trigger an unpleasant memory of

the past and all the feelings that went with it. At one time when she saw the colour purple it plunged her back into the traumatic rituals where purple cloaks had been worn. Certain harsh and controlling behaviours of women employed by The System provoked strong memories of when her mother treated her cruelly and harshly. At times the past and present seemed so connected, especially in relation to similar threatening experiences with The System, that it became difficult to tell whether she was experiencing the past, the present or both simultaneously.

There are systemic connections between all the themes as mentioned above. Being controlled was an abusive experience and was accompanied by strong negative feelings, which in turn provoked a need to control the experience and expression of feelings as well as to control the environment. All the themes also occurred over time and as illustrated, the past had an influence on the present and the future.

Reflective Processes Over Time

Upon reflection I have become aware that at times certain isomorphic patterns emerged during this journey. There were connecting patterns and processes between the discussions and experiences with my supervisor and promoter and what was happening between Dibs and me and certain of Dibs' past experiences. Mattinson (1977) confirms that, "the processes at work currently in the relationship between client and worker are often reflected in the relationship between worker and supervisor" (p. 11). In supervision sessions about my work with Dibs we were often struck by the similarity between how I felt about the research at times and how Dibs felt at certain moments in the therapy process. These reflective processes also became evident in areas other than supervision as described below with regard to my experience of writing up this research.

My feelings were often around "not knowing" when I encountered knowledge, beliefs and practices unfamiliar to my previous education and training that was mainly in Social Work. Similar feelings of inadequacy and uncertainty often plagued Dibs as she re-encountered the unknown of certain memories of her past. It was of paramount importance to me to feel in control of the research, as it was for her to feel in control of her life without being overwhelmed by feelings of personal inadequacy or incompetence.

Both Dibs and I were helped to manage feelings of inadequacy possibly because of the demands made on us in the systems in which we grew up. We were both called upon to take on adult roles normally considered inappropriate for children. In my case, for example, parenting a younger brother enabled me to develop skills of caring for another that most chil-

dren do not develop at such an early age. In the therapeutic relationship these skills of endurance, patience and caring helped me to focus on Dibs' needs and especially her need to be attended to and accepted as a person of value.

I have become aware of reflective processes in my struggle to express and record the story that I thought worth "telling," in the required academic writing style and Dibs' struggle to do what was required of her. My promoter has been thorough and meticulous in overseeing the written material and for that I am grateful but at the same time I experienced the process as shameful and embarrassing. This led to a loss of self-confidence so that it not only became difficult to commit pen to paper but I found myself questioning my competence in other areas of my life. It also led to feelings of immense vulnerability.

In addition it seemed to me that no matter how hard I tried, and no matter how many additions or changes I made in the text, it was never enough or good enough. Having to write according to a prescribed system I experienced as controlling and devoid of choice. Despite a considerate and helpful promoter, the institutional system lays down rigid rules that made me at times feel like a victim in a system where conformity is mandatory and the sooner I complied, the sooner the agony would end.

My experience of the academic journey as described above partly mirrors Dibs' early experience in the cult-like environment where she was controlled by the perpetrators who were never satisfied with what she did while they continually demanded more of her.

What helped Dibs and me to survive these strong negative feelings was a deep inner knowing that we both had value as people and that the work we were engaged in was also valuable. We were both helped to make connections between the assumptions of the dominant cultural narrative to which we had been exposed and the present reality. In this case we had assumed that we were totally responsible for the feelings of shame and embarrassment that we experienced. In Dibs' case she was helped to understand that the shame was as a result of past abuse. I was helped to understand that my feelings were partly to do with the academic system in which I found myself.

Coming from the discipline of Social Work with its established ways of doing research and therapy and moving into the domain of Psychology meant that I was an "outsider" trying to survive in a different context from the one that was familiar to me. For both Dibs and me, much in unfamiliar contexts was unknown and when problems arose, we often felt that we were the problems and that we had done something wrong or not done

something that we ought to have done. We also were not believed by some and shunned by some when we told the story. We then both ended up feeling bad about ourselves.

In the academic research system a promoter takes up a similar role to that of a therapist in assisting someone to make a transition in life from a familiar context to a more unfamiliar or unknown context. As my promoters were also constrained by the rules and conventions of the research context, they were unable to protect me from the feelings of abuse and persecutory control that I experienced, just as I was unable to protect my client from similar feelings at times.

In addition to the experience of multiple abuses, Dibs' early experience in a cult-like environment meant that she felt an "outsider" from the mainstream of society. Growing up and being dependent on a cult-like system and being exposed to processes of external control since infancy served to silence Dibs' voice and to isolate her from many sources of potential help. Her intensely ambivalent attempts to get into an essentially unfamiliar but desired and potentially meaningful context often proved painful and rejecting. If supervisors or therapists become part of such controlling systems because they have to conform to certain laid down criteria, we need to search for ways that cause participants the least amount of damage. In the context of this therapy and research it would seem that shifting boundaries has been containing and benign. However, it seems that there will always be some tension in knowing which boundaries should remain in place and which may be regarded with greater flexibility and shifted as deemed necessary for healing.

At this time when interdisciplinary research is encouraged and is becoming more common, it behoves academics in different disciplines to be open to communicating with each other and negotiating which boundaries can safely be shifted in certain circumstances and which need to remain firm. What might also be useful in academic circles is to explore how supervision can better assist students in this difficult transitional process involving interdisciplinary research. Perhaps some of what has emerged in this thesis regarding the intense struggle to shift boundaries might also be useful in the academic context and transitional contexts associated with change in our rapidly changing world where we are daily confronted with similar transitions involving the shifting of familiar boundaries.

A Few Final Thoughts, For Now, From Dibs

Reading this dissertation was an overwhelming experience—an emotional flood! It felt at times as if my banks would burst. Seeing my journey in black and

white was startling. I felt as churned up as a twisting, turbulent river. I wanted to stop this from going to print—in an effort to protect my inner self, which sometimes feels very vulnerable at the thought of others knowing about me—even though they won't know who I am. And much more so—to protect myself from those who do know who I am! Yet this is the story not only of abuse and pain, but of a relationship that facilitated for the struggle and ultimate triumph over abuse and pain. A relationship, which is precious to me. Our story goes to print with my blessing. Sometimes I am afraid—but I am no longer ashamed. And if there is a chance that someone else will be helped because of this dissertation I feel an inner calm—like the river returning to a gentle flow.

It was the hardest thing I've ever done …
Discovering hidden parts …
Of me.
Bringing them together,
Holding them together,
Letting the effort go,
Bringing them together,
Holding them together,
Letting the past go.

To those who suffered in any way because of my journey—I'm truly sorry. To those who held different views about this therapy and the shifting boundaries—while it hurt like crazy, I respect your right to deal with your clients in a more conventional way with firmer therapeutic boundaries.

To those people who prayed so very much for us during this journey, I thank you. It's painful to know you would not have me in your midst. While I respect your right to have made that choice, it is my belief that both you and I have lost because of your choice.

To the supervisor of this dissertation, I don't even know you, yet I feel deeply emotional at the thought of you. Thank you for being there. Thank you for support. Thank you for respecting me.

To my beloved therapist and friend. Thank you for believing me and for believing in me. We found my past, fought through the present. Now I have a future and "…whatever other commandment there may be, all are summed up in this one rule: 'Love your neighbour as yourself" (Romans 13 : 9). You have done this for me and I know that it cost a great deal. Thank you. I love you.
To Jesus—you made the way.

It was the hardest thing I've ever done...
Finding those parts,
Bringing them together,
Holding them together,
Letting the past go...
And when it's hard
I will remember the little ray of sunshine
Whispering...
You can—just try...
And then I'll fly
I'll fly, fly

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Chapter 16

The Use of Prayer for Inner Healing of Memories and Deliverance with Ritual Abuse Survivors

Tom Ball

"And these signs shall follow all who believe. They shall lay their hands upon the sick, who will recover." Mark 16:17, Jerusalem Bible

This topic is, of course, as diverse as it is controversial. Almost unlimited are the possible permutations. Without reviewing historical theological controversies between Pentecostal, Charismatic, Liturgical and Evangelical Christian denominations regarding whether or not (or which) gifts of the Spirit are still in operation today, or for that matter the existence of actual demonic entities, it is this writer's perception that personal experience has a way of impinging on dogmatism, religious or agnostic. Former missionary, church growth researcher, and Fuller Seminary professor Rev. C. Peter Wagner, Ph.D., agrees:

> ...first hand exposure to a healing, a miracle, a word of knowledge, or a deliverance from demons is the most frequent single factor moving evangelicals from skepticism concerning signs and wonders to belief, to openness, and then to personal participation..."[1]

This chapter will focus on defining and explaining how to "do" prayer for inner healing of memories, and deliverance, particularly with clients or spiritual directees whose past traumas confound deleteriously their present experience of God. While some of the discussion will pertain specifically to sexual abuse recovery—nearly always a component of ritual abuse—as far as healing and deliverance prayers as psychological treatment modalities or spiritual direction intervention strategies are concerned, the

1 Wagner, C. Peter, Ph.D. (1988). *How to have a healing ministry in any church: A comprehensive guide* (pp. 35-36). Ventura, CA: Regal Books.

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precise etiology of one's past woundedness is quite immaterial. The heart of the matter is God tends to draw people toward wholeness and healing (which does not in the slightest suggest those who aren't whole or healed are necessarily doing something wrong—they may or they may not be—or that they are somehow "out of favor" with God. That is an entirely different issue [perhaps of a "dark night of the soul" nature] which this chapter will not pursue.) Rather, this chapter advances the contention that along with pharmacology, sound psychotherapy, nutrition, exercise, dependable support structures, and a number of other good things, God does make available to believers the special ministries of prayer for inner healing of memories, and deliverance.

Keeping in mind the many varieties of organized abuse, this chapter further contends at least one form of ritual abuse, Satanic ritual abuse, has as a primary purpose the involvement of demonic entities, thus obviating, for healing to be complete, the role of deliverance prayer. When people physically and sexually assault and abuse children in an active attempt to create personality splits, while simultaneously chanting, quoting or reading from portions of the Satanic Bible, engage in bodily penetration with religious implements such as a crucifix, and call on demons to come and "enjoy" the child being abused, in return for which requests are voiced that Satan would imbue them with power, one must assume these individuals intend and expect that Satan and demons will participate.

Later during recovery when symptomatic individuals request intervention to help them deal with their present emotional and spiritual problems, report during sessions reliving these intense experiences from the past, and describe among other things both the presence of demonic entities and their removal during prayer, one must at least attend to the survivors' subjective reports of their own experiences.

Assisting readers to better understand the role of prayer for inner healing of memories and deliverance, and learn how effectively to deal with demonic attachments, is the aim of this chapter. First described are a few of this writer's personal experiences with prayer for physical healing. Following are a discussion of prayer for inner healing of memories and an examination of the ministry of deliverance.

Physical Healing

This writer, as did many North American Christians, grew up in a small-town, conservative, Evangelical Protestant church[2] in which glossolalia during public worship service was forbidden,[3] and so-called "healing" services were extremely rare[4] ...although it was normal to include prayer for someone's illness or impending surgical operation among the "regular" congregational prayers. Unlike many, for a while this writer attended a private, Christian, residential high school and lived in a dormitory on campus, an environment rich with morning chapel services, the usual Sunday and mid-week services, and numerous "special speakers" and revival services throughout the year. Ongoing student small-groups met regularly for bible study and prayer. Prayer, including prayer for healing (as described above), was a respected and valued activity.

All during those formative childhood years, each Sunday morning, Sunday evening, and Wednesday night, (including school, special services, and summer family camp meetings), this writer witnessed people praying. At every service, someone would pray for somebody's healing. Once in awhile a parishioner would "go forward" to the altar to be "anointed with oil" and prayed for by the pastor or special speaker, who usually would "call for the elders of the church" to "assist," which in this writer's denomination meant in a prayer service setting several active senior lay men, and occasionally women, would surround the supplicant, place their hands on the petitioner's head or shoulders, and pray in agreement (sometimes out loud all at the same time) along with the pastor.

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2 "Since tens of thousands of words have been written to attempt to define the word 'evangelical' to everyone's satisfaction without a great deal of success, I am not particularly inclined to add to the confusion. What I mean by evangelical...is uncomplicated. I'm using it the way most Christian people in the pews are understanding it here and now in America. I simply mean the made-in-Wheaton, Christianity Today, Moody Bible Institute, Lausanne Committee, InterVarsity, Gospel Light, Billy Graham, Southern Baptist, Zondervon type of evangelical. It involves a bit of overlapping on the right with fundamentalists and on the left with conciliar evangelicals...I am using the term in a narrow sense which does not include Pentecostals or Charismatics." (Ibid., pp. 31–31.)

3 "Through the years the major doctrine that has distinguished Pentecostals from other born-again, Bible-believing evangelicals is their doctrine of the 'baptism of the Holy Spirit' as a work of grace distinct from the 'new birth' accompanied by speaking in other tongues as the initial physical evidence. Other evangelicals, particularly of the Weslyan Holiness persuasion, agree there is a second work of grace, but see personal sanctification rather than tongues as the chief validation of the experience." (Ibid., pp. 18-19.)

4 Although, by the 1970's public healing services were drawing large crowds from at least one main-line denomination. ("..on a June evening in 1974 a healing service washeld in the football stadium at NotreDame University with 20,000 Catholics present.")
MacNutt, Francis S., Ph.D. Quoted in Shlemon, Barbara L. (1988). Healing prayer (Ninth printing). (Foreword, p. 11). Notre Dame, IN: Ave Maria Press.

On occasion, during church service "testimony time," one would rise and testify to having been "healed" of some pain or affliction. Many thanked God for "answered prayers." Yet, this writer recalls no instance while growing up of the blind seeing, the deaf hearing, the lame walking, or a demon manifesting and/or being made to leave. Folks said they "got healed," but what did that really mean? It was confusing. Eventually, for reasons unrelated to this topic, this writer left the church. Years later, having experienced a restored personal relationship with God, and having returned to the same hometown church, he again encountered prayers for healing. And he began, hesitantly, praying them himself. And over time, some people got healed.

Healing: What is it?

Daniel J. Benor, M.D., an American psychiatrist working in England, describes healing as "The intentional influence of one or more people upon another living system without utilizing known physical means of intervention."[5] Co-chair of the Panel on Mind/Body Interventions, Office of Alternative Medicine, National Institutes of Health (1993) Larry Dosey, M.D., asks regarding prayer therapy:

> How does healing happen? Almost always in the studies we looked at...the healer employed a prayerful attitude, if not actual prayer. This is one of the reasons why many healers use the terms 'spiritual healing' and 'prayer healing' interchangeably...Thus, practically all types of spiritual healing make use of a prayerful, meditative state of awareness. During this process the healer adopts a dispassionate, loving, and compassionate attitude toward the person in need.[6]

The Evidence

Working with the John Templeton Foundation, the National Institute for Healthcare Research in summer 1997 announced eight medical schools had been granted funds to study how social and religious factors influence

5 Benor, Daniel J., M.D. "Survey of Spiritual Healing Research" Complementary Medical Research (pp. 9-33). Vol. 4, No. 1, September 1990. Quoted in Dossey, Larry, M.D. (1993). *Healing words: The power of prayer and the practice of medicine* (p. 211). San Francisco, CA: HarperCollins, Publishers.

6 Dossey, Larry, M.D. (1993). Healing words: *The power of prayer and the practice of medicine* (p. 197). San Francisco, CA: HarperCollins, Publishers.

mental and physical health.[7] Sponsored by Harvard Medical School's Department of Continuing Education, Herbert Benson, M.D. offered in 1997 to over six hundred doctors, nurses, psychologists, and social workers at a regional three-day conference at Houston, Texas Medical Center's Institute of Religion, a course titled "Spirituality and Healing in Medicine.[8] With over thirty of the nation's top medical schools known to be offering in 1997 teaching programs of the healing power of prayer (compared to only three in 1993), Benson says:

> For a long time, we've been exploring and researching the relationship between belief and healing as a complement, not an alternative, to traditional medicine.[9]

Increasing in the literature are reports of experiments involving healing prayer, and prominent in this genre of researcher-report writers is best-selling author Larry Dossey, M.D., whose numerous articles and books, among them *Healing Words: The Power of Prayer and the Practice of Medicine* (1993), and *Prayer is Good Medicine: How to Reap the Healing Benefits of Prayer* (1996), eloquently speak to the breadth and sophistication of modern-day prayer-medicine research. Dossey observes:

> The 'choice' between science and spirituality appears increasingly artificial today, even from a scientific perspective...The most practical reason to examine prayer in healing is simply that, at least some of the time, it works. The evidence is simply overwhelming that prayer functions at a distance to change physical processes in a variety of organisms, from bacteria to humans... Therapies should be judged according to their effects in conditions in which they work, and prayer is no exception.[10]

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7 (Ibid., p. xx; 2; 3.)

8 Benor, Daniel J., M.D. "Survey of Spiritual Healing Research" in Complementary Medical Research (pp. 9-33). Vol. 4, No. 1, September 1990. Quoted in Dossey, Larry, M.D. (1993). *Healing words: The power of prayer and the practice of medicine* (p. 211). San Francisco, CA: HarperCollins, Publishers.

9 Byrd, Randolph C., M.D. "Positive Therapeutic Effects of Intercessory Prayer in a Coronary Care Unit Population" in Southern Medical Journal (pp. 826–829). Vol. 81, No. 7, July 1988. Quoted in Dossey, Larry, M.D. (1993). *Healing words: The power of prayer and the practice of medicine* (pp. 180–181). San Francisco, CA: HarperCollins, Publishers.

10 This writer has an audio tape of an interview where the woman describes her near-death "encounter" with Jesus.

In his book, *Healing Words,* Dossey further quotes Daniel J. Benor, M.D., who reviewed all 131 studies on spiritual healing published in English prior to 1990. In the *Journal of Complementary Medical Research* (September 1990), Benor described 56 controlled trials which yielded results the likelihood of which were due to chance was less than 1 in 100, and another 21 studies which yielded results at the .02 to .05 probability level (between 2 and 5 chances in 100.) The studies examined the effects of prayer on enzymes, cells, yeasts, bacteria, plants, animals, and humans.[11]

While a lengthy duplication of Benor's review seems unnecessary in this chapter, one human subjects study on which he reported is both representative and striking in its outcome. Christian cardiologist, Randolph C. Byrd, M.D., reported in the *Southern Medical Journal* (July 1988):

> Over a ten-month period, a computer assigned 393 patients admitted to the coronary care unit at San Francisco General Hospital to either a group that was prayed for by home prayer groups (192 patients) or to a group that was not remembered in prayer (201 patients). The study was designed according to rigid criteria, the kind usually used in clinical studies in medicine. It was a randomized, double-blind experiment in which neither the patients, nurses, nor doctors knew which group the patients were in. Byrd recruited various religious groups to pray for members of the designated prayed-for groups. The prayer groups were given the first names of their patients as well as a brief description of their diagnosis and condition. They were asked to pray each day, but were given no instructions on how to pray. 'Each person prayed for many different patients, but each patient in the experiment had between five and seven people praying for him or her,' Byrd explained. The prayed for-patients differed in several areas:
>
> 1. They were five times less likely than the unremembered group to require antibiotics (three patients compared to sixteen patients).

11 "Although a large percentage were improved to one degree or another, nevertheless, 71 percent of the people I have prayed for over the last two years are still sick to some degree after the prayer is over. Only 29 percent are completely healed...I have heard JohnWimber say on occasion, 'More people I pray for are not healed than are."
Wagner, C. Peter, Ph.D. (1988). *How to have a healing ministry in any church: A comprehensive guide* (p. 257). Ventura, CA: Regal Books.

> 2. They were three times less likely to develop pulmonary edema, a condition in which the lungs fill with fluid as a consequence of the failure of the heart to pump properly (six compared to eighteen patients).
>
> 3. None of the prayed-for group required endotracheal intubation, in which an artificial airway is inserted in the throat and attached to a mechanical ventilator, while twelve in the unremembered group required mechanical ventilatory support.
>
> 4. Fewer patients in the prayed-for group died (although this difference was not statistically significant).

If the technique being studied had been a new drug or a surgical procedure instead of prayer, it would almost certainly have been heralded as some sort of 'breakthrough.'[12]

Healing Experiences

This writer has had some modest experiences with healing prayer, in both private and public settings. His first experience involved praying for his own father who, after an emergency operation to remove a bowel obstruction revealed a widespread abdominal cancer had already involved the liver, was told he'd not leave the hospital alive. This writer prayed:

> Lord, you know I don't have faith to pray he'll be healed of his cancer, but, would you give him a little more time and strength so he could reconcile with his wife, and they could forgive one another for all those years of pain and hurt? Then he could die in peace. It would glorify you if that were to happen.

Subsequently the patient experienced renewed strength and three months of vigorous, active, productive life which he did use in part to reconcile the many years of turmoil and anger and hurt in his marriage... which was the specific prayer offered. While this three-month respite might have happened anyway, nevertheless, in terms of this discussion the "coincidence" seems noteworthy.

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12 Shlemon, Barbara L., R.N. (1988). *Healing prayer* (Ninth printing) (pp. 39–40). Notre Dame, IN: Ave Maria Press.

Once on the mission field in Chili, a dull-eyed, listless, feverish, floppy-headed, dehydrated baby—accompanied by its mother—was brought by the strongly "religious" grandmother to a rural church for prayer, after the city medical clinic sent the parents home, reportedly saying, "There's nothing we can do." Gathering his students around, this writer directed them to lay hands on the child, mother, and grandmother and pray silently while he prayed aloud, rebuking the sickness and asking God to heal the child "as a witness to the community that God is in this church." That night the baby and its family were in church praising God because the child's fever was gone, its head was up, its eyes were bright, and it was smiling and taking nourishment.

Accompanying a dentist friend on a hospital visit in Seoul, this writer first asked permission, and then laid hands on the head and abdomen of a teenage boy whose pronounced jaundice evidenced his severe internal injuries acquired during a skiing accident, and prayed for a "complete, thorough healing." Subsequently, the next day's exploratory surgery was cancelled, the liver resumed functioning, and the boy soon went home. (The writer later received a nice letter from the boy's father, a judge on the high court in Puson, Republic of Korea.)

Standing in front of the entire college faculty, this writer once prayed God would "do a miracle" for a straight-laced, austere, victorian, spinster librarian...who subsequently spoke in public of "meeting and talking with Jesus" during a time when medical caregivers were working to restart her heart which had stopped while she was on the table during a hospital procedure.[13] Such a report was most uncharacteristic for this elderly, conservative, decidedly unflamboyant Christian woman. This writer visited her home and audio-taped an hour-long interview in which she discusses this experience.

Yet, others for whom this writer prayed did not get well. Though calling together an entire adult Sunday school class (which was studying Richard J. Foster's book "*Prayer: Finding the Heart's True Home*") to gather around a class member, lay on hands, and join in prayer for healing, the sufferer nevertheless still had to proceed with a scheduled prostate cancer operation during which the nerves could not be saved.

After praying with another pastor and a teenaged girl's parents, the girl's cancerous leg still had to be removed, and a year or so later she died.

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13 At an evening healing service in the mid-1990's in the Spring Arbor, Michigan Free Methodist Church, author, pastor, and Asbury Seminary professor Rev. Donald Joy, Ph.D., observed one-fifth of the textual material and one-third of the narratives in the New Testament Gospels are about healing. Jesus healed, repeatedly, using a variety of methods; some He touched, some He commanded.

A baby in an incubator, for whom the writer and another group of students prayed while on a missions trip to Haiti, died a few days later.

Through these and many other prayer experiences, this writer has come to understand observable results from prayer for physical healing are a hit-or-miss affair. Sometimes people get better...sometimes they don't.[14] Nevertheless, God's people are commanded to pray, while remembering God is the one who determines the outcome. This is very freeing for the one who prays. The illness can be rebuked and the patient's body and mind and spirit encouraged to trust in God, thus assisting the person to physically, emotionally, and spiritually cooperate with the care givers and the medicines and the therapies, while inviting and allowing God to do a healing work within.

Inner Healing of Memories

Prayer for inner healing of memories seems in this writer's experience a different matter than the "hit or miss" results customarily forthcoming following prayer for physical healing. (Perhaps this is because prayer for physical healing seems to produce results varying between immediate and full—on rare occasion, to partial over time—a more common outcome, while prayer for inner healing of memories is much more immediately observable in its outcome). Be that as it may, so far each time the writer has led spiritual directees in a progressive relaxation exercise followed by an invitation for Jesus to "come and bring up (in the spiritual directee's mind and memory) only what you want to deal with," whether one-on-one or with a group, reports follow of remembered instances of past hurt in which directees see Jesus entering the scene and "doing something." ("Free to Remember," an original article containing case reports was accepted in 1998 for publication in Light and Life Magazine, this writer's denominational journal.) Such healing seems clearly to be God's doing. Authority and power are completely His. This writer is being granted the grace merely to be present while God heals. But, because of the poignancy—and the consistency—of the reports, it has become clear that prayer for inner healing of memories is a powerful, powerful grace.

Author and psychiatric nurse Barbara Shlemon, R.N. advises:

> Every situation requires its own unique spiritual direction.

14 "The gift of healing accompanies the proclamation of God's word (MK 16:20; MT 10: 7-8) and opens people to accept the gospel (Acts 3: 10). Probably every Christian can heal (see MK 16: 17–18; MT 10: 8), but some are especially gifted (1 Cor 12: 9)."
(No date or author listed.) "Seek The Gifts Of The Spirit" (p. 18). Cincinnati, OH: Presentation Ministries.

> The Gospel narratives show us Jesus did not follow a set pattern in His healing ministry but treated each request for help differently. One paralytic was told 'Take up your bed and walk,' and another advised 'Your sins are forgiven.' Jesus laid His hands on one blind man to restore his sight, and He applied a mixture of mud and spittle to heal another.[15]

Numerous scriptures (MT 10: 1 and others) exhort to, and promise authority for, healing,[16] Jesus' followers (Acts 9: 33–34) did in fact do works of healing,[17] and more and more Christians today are increasingly interested in learning about it.[18]

Forms of Inner Healing

According to "*Healing of Memories,*" a two-hour audio-taped, large audience healing service conducted by author, psychological consultant, suicide prevention program director, and seminary professor Rev. John H. Hampsch, C.M.F., there are five forms of healing:

1. Instantaneous: dramatic.
2. Gradual: starts when prayer is uttered and may take several hours, days, weeks or even months.
3. Phase-in: spurts. A partial healing is received immediately, then more healing is received later, as when the blind man told Jesus (after Jesus' first effort at restoring his sight), "I see men who look like trees walking," and Jesus touched him a second time and then the healing was complete.
4. Delayed: nothing appears to happen immediately after the prayer, but the person awakens the next day and finds healing has occurred.

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15 As just one example "The Association of Christian Therapists has been instrumental in teaching the principles of healing prayer to hundreds of health care professionals, thereby providing a network of Christian counseling centers throughout the United States."
Shlemon, Barbara L., R.N. (1982). Healing the hidden self (pp. 14–15). Notre Dame, IN: Ave Maria Press.

16 Hampsch, Fr. John C. "Healing of memories." A two-hour, audio-taped, large audience healing service. (Date and publisher unknown.)

17 Citing Alan Walker's "Jesus the Liberator" Fr. Hampsch says:
"Modern psychiatry has learned lovelessness lies behind the disharmony of many a life. Childhood rejection, isolation, loneliness, bitterness, and hatred destroy human personality, and hence, recovery of mental and emotional balance depends, literally, on the discovery of love… Love is what the Christian faith is all about. Jesus came into the world to declare, and to reveal, the love of God to us. The love of God, for us, is the greatest therapy force in the world."

18 Stapleton, Ruth Carter (1976). *The gift of inner healing* (p. 1). Waco, TX: Word Books, Publisher.

5. Recurrent: healing occurs, then later the problem returns. (This may be a temporary healing, so the person can accomplish some specific task.)[19]

Hampsh goes on to say on the audio tape the term "healing of memories" may have originated with Anglican missionary Agnes Sanford "...in her book *Healing Light*, or *Healing Gifts of the Spirit*..." Hampsch reports (then Dominican Fr.) Francis MacNutt, Ph.D. adapted Sanford's one-on-one approach for use in larger groups, and, after talking with MacNutt, Fr. Hampsch further revised the Sanford-MacNutt approach into what he calls a two-phase approach. In phase one he invites audience members to go back into their memory and recall past hurts. In phase two he asks them to use their imagination to invite (and then "see") Jesus forgiving and healing those hurts. In his healing ministry Hampsch reports mental, emotional and physical healings regularly occur.

Writing about inner healing of memories in *The Gift of Inner Healing* (1976), Ruth Carter Stapleton refers to:

> ...the experience in which the Holy Spirit restores health to the deepest area of our lives by dealing with the root cause of our hurts and pain. In prayer for physical healing we are often concerned with the symptoms of the real need. Deep hurts and fears often manifest themselves physically as backaches, headaches, skin rashes, asthma, and other illnesses. When we pray for healing of physical symptoms, we often see no change because we are praying for and expecting God to heal the symptom rather than to make us whole... Frequently our problems are initiated by lack of love and understanding from others[20] rather than by sins we have committed...Very often we have suppressed the hurtful occurrences so completely we are not even aware of their bind upon our hearts. If we let Him, the Holy Spirit, who reveals all things, is

19 Hampsch, Fr. John C. "Healing of Memories." A two-hour, audio-taped, large audience healing service. (Date and publisher unknown.)

20 "The implication of this invocation is not that God awaits our act of forgiveness of another before He is willing to forgive us. That would contradict the truth that God is love. What Jesus is telling us is that as we forgive, our hearts are more open to receive the forgiveness of God which has always been available. Many people who have struggled with unrelenting guilts and fears need only to forgive those who have offended them to find immediate release from guilt and a fresh flow of peace and joy within."
Stapleton, Ruth C. (1977). The experience of inner healing (p. 62). Waco, TX: Word Books, Publisher.

> able to bring to our awareness the situations which need our attention...[21]

Thus, inner healing of necessity involves spirit, mind-psyche-emotions, and body—because each affects the others. Fibromyalgia is a good example; stress (an emotional reaction deriving from one's mental perception of one or more present or past external [or internal] phenomena) is often correlated with the felt pain of this diagnosis. Physical therapy and medications attempt to deal with the stress and palliate the pain, but unless present sources of stress (and the emotional residue from unresolved past traumas) are reduced, the condition persists. The constant pain impacts negatively one's emotions, which after awhile begin to color one's thinking, and often interferes with one's spiritual relationship to God.

Coming at it from a more overtly religious orientation, the preferred "treatment" for guilt deriving from real sin, is not psychotherapy, but inner spiritual healing. This is so because, according to scripture, for the Christian to experience peace of mind, sin must be confessed, repented, and forgiven. "When I confessed not my sin, my bones wasted away within me" (Ps 32: 3). Regardless of professional orientation or religious perspective, spiritual healing is thought to effect positively both one's mental/emotional and one's physical well-being.

Because Hampsch does such a concise job of explaining how prayer for inner healing of memories impacts body-mind-spirit, the following is repeated directly from his audio tape:

> A neurosis is an emotional disturbance of some kind, not severe enough to be psychosis—where one loses contact with reality in some way. It is some disturbance which prevents ongoing psychological comfort. Eighty percent of the adult population is neurotic, according to Karen Horney's definition of neurosis. One in four is so disturbed emotionally he needs professional help, either a psychiatrist, psychologist, counselor, social worker, or marriage counselor. But not many will seek it because their pride won't let them admit they need help...especially men.
>
> Everyone has some hangups, although not everyone is neurotic. No one has a perfectly balanced personality, except

21 Shlemon, Barbara L., R.N. (1988). *Healing prayer* (p. 53). Notre Dame, IN: Ave Maria Press.

> Jesus Christ. Familiar examples are fear of snakes, darkness, high places, public speaking, intimacy, vulnerability, not knowing how to express affection properly, or even how to love, maturely and adequately. (Though everyone thinks he does, few really do. Think of your own needs not being met right now—and realize, the significant others in your life are thinking the same thing.)
>
> Three syndromes (symptoms) are commonly associated with neurosis: guilt (false or real) and shame, hostility or aggression, and anxiety. These syndromes may be obvious (conscious) or submerged (subconscious). These three syndromes are interrelated in the human psyche, and in part, it is these which get healed when one does prayer for inner healing of memories. But there's also a spiritual healing which results when these are taken care of.
>
> Hostility, guilt, anxiety: if we just cope with the first two, the third dissolves by itself. To get them healed, they have to be brought to the surface and acknowledged and dealt with. God can and does heal directly at times...but He often chooses to heal through other humans."[22]

In this writer's understanding guilt is either "real," i.e., it's deserved because one consciously violates God's or one's own moral code, or "false," i.e., one did "it" but not on purpose, in which case one is "responsible," but one's culpability is diminished.

Shame is another matter. While guilt is based on what one "does" (or fails to do), shame is a feeling or attitude about what one "is." Guilt, as in a guilty conscience, can be a good thing moving one toward confession, repentance, restitution, and reconciliation. Shame, however, is not of God. It impels not toward rectification; rather, it drives one away from reality by diminishing and destroying one's self-image and one's ability to relate to others and to God.

Hostility can be directed masochistically inward (from nail biting to suicide), or aggressively outward (from resentment to road rage). Anxiety is a sort of psychological angst or pain...a floating, undifferentiated uneasiness which underlies one's interactions with people and events.

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22 Hampsch, Fr. John C. "Healing of Memories." A two-hour, audio-taped, large audience healing service. (Date and publisher unknown.)

According to Stapleton:

> When we pray for inner healing, we are really asking Jesus to walk back into the dark places of our lives and bring healing to the distressing and painful memories of the past. We need to take Jesus into the areas of our unforgiveness toward those who have taught us to fear, hate, and reject. We need to take Him (love) into the relationship where there was no love.[23]

Role of Forgiveness

While much more could be said about inner healing of memories, the role of forgiveness in psychological, mental, emotional, and spiritual healing (and even physical healing to the extent physical symptoms are exacerbated by one's emotional state) is thought to be extremely important.

Scripture, of course, strongly emphasizes forgiveness (recitation of the Lord's Prayer, for example, in which petitioners ask God to forgive them as they forgive others—a scary thought should the prayer be answered.), and so do many who work in inner healing ministry. Author and psychiatric nurse Barbara Shlemon, R.N. asserts:

> There is nothing that will impede our ability to pray for ourselves or for others more than the unwillingness to forgive. It acts as an invisible barrier between us and the Father which prohibits His blessings from being showered upon us or the ones for whom we pray. Jesus taught us 'When you stand in prayer, forgive whatever you have against anybody, so your Father in Heaven may forgive your failings too' (MK 11: 25). We cannot have the fullness of God's love for ourselves or for others so long as we refuse to make an act of forgiveness toward those who have wronged us.[24]

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23 Stapleton, Ruth C. (1977). *The experience of inner healing* (p. 59). Waco, TX: Word Books, Publisher.

24 "The experience of inner healing begins when some circumstance such as a spiritual experience, an insight created by some healing method applied either psychologically or spiritually, or the will to be whole occurs...We can give ourselves to the task of cutting out the old, sick memories, and replacing them with new, rich images in our deep mind...Removing old material and replacing it with the new is the total objective of the healing of memories." (Ibid., p. 11.)

Hampsch says:

> If you are harboring aggression, bitterness, hatred toward anyone even though you claim you've forgiven them (sic), you've not really forgiven them (sic). The resentment, perhaps repressed a bit from conscious awareness, is doing you a lot of damage...often to the body, and the soul. If guilt feelings are still there, it means you have not received forgiveness. If you really know you've been forgiven by someone, then you don't feel dirty or guilty. You feel clean...free. Healing of resentment comes in the act of really forgiving. When forgiveness is complete, not the slightest smidgen of resentment remains. If the receipt of forgiveness is complete, no guilt remains. Thus, active—and passive—forgiveness is the underlying key to emotional healing. The key to inner healing of memories is giving—and receiving—forgiveness. Active and passive forgiveness resolve hostility and resentment, and their resolution eliminates anxiety all by itself. Jesus gave in Matthew 6:12 and Luke 11:4 (in the Our Father) a lesson in active and passive forgiveness:
>
> Passive: "...forgive us our trespasses..."
> Active: "...as we forgive those who trespass against us."[25]

Stapleton goes on to write:

> Forgiveness is at the heart of Jesus' message and it is at the heart of inner healing. But so much which needs to be forgiven is a part of our distant past. How can we forgive the forgotten? If our Christian life is contaminated by unforgiven pain inflicted upon us by incidents and people we don't remember—and it is—what can we do about it? When pain too agonizing to be born has been inflicted upon a little child and the traumatic experience has been repressed, sealed in the vault of forgetfulness, how can the memory ever be brought out into the light and dealt with? How can anyone forgive something buried so deeply?"[26]

25 Seamonds, David A. (1985). *Healing of memories* (p. 124). Wheaton, IL: Victor Books.
26 (Ibid., p. 129.)

Preparation

To elicit readiness for inner healing prayer it is necessary to get in touch with those memories requiring healing.[27] Author and Asbury Seminary professor emeritus David A. Seamands suggests, among other things, assigning homework:

> The purpose of homework for counselees is to help them get in touch with the repressed memories and feelings which are causing them emotional and behavioral problems. At the heart of all remembering is association, for associations are the links which cause our minds to recall experiences. By remembering one picture, we then recall another, because our minds have somehow associated the two. When the memories are clearly recalled, there is a strong possibility of re-experiencing the emotions which originally accompanied the experience. The reverse is also true. That is, if we can experience certain feelings, there is the possibility the memories associated with those feelings will reenter our consciousness. [28]

Useful homework experiences can encompass writing assignments (taking notes about one's feelings while listening to teaching tapes, for example; or journaling about one's consolations, desolations, and feelings while at prayer), looking at old family photographs and grade school, high school, and college yearbooks,[29] taking journeys to places associated with painful memories,[30] and working through various self-help books and workbooks.

The Prayer

Most important, however, is the actual prayer for inner healing of memories. This is where the actual healing takes place. Seamonds further explains:

> The most distinctive part of the healing of memories is the time of prayer. Through the use of imagination, we

27 (Ibid., p. 130.)

28 (Ibid., p. 66.)

29 Stapleton, Ruth C. (1976). *The gift of inner healing* (pp. x-xi). Waco, TX: Word Books, Publisher.

30 Though McMinn's article speaks not directly to prayer for inner healing of memories, it, and the entire 1998 Summer issue of Christian Counseling Today, the official magazine of the American Association of Christian Counselors, is devoted to the theme of how properly to integrate the client's religious experience into the counseling setting.
McMinn, Mark R., Ph.D. "Exploring the Role of Religious Experience in Counseling" in Christian Counseling Today (pp. 16-19). Vol. 6, No. 2, Summer 1998.

> try to recreate the painful memory and then actually visualize it as it once took place. We pray as if we were actually talking to God on the spot, and ask Him to do for us what (He would have done) had we asked (at the time the original hurt was happening.) We ask Him to heal the little child or teenager who underwent those experiences—things which really did fixate (some part of the child's personality or emotional development) at that stage of growth." [31]

Stapleton explains:

> When we pray for inner healing, we are really asking Jesus to walk back into the dark places in our lives and bring healing to the distressing and painful memories of the past...As we respond to prayer by imagining Jesus moving back into our lives, we picture the little child within us who hurts, who was rejected, who failed to receive healthy love, who was neglected by the parents' failure to give corrective discipline in love, and who wasn't understood. That little child within each of us must hearken to the healing love of Jesus Christ. [32]

In the prayer for inner healing of memories, the spiritual director-pastoral counselor assists the client to come closer to God by inviting Jesus to fulfill through action His desire to reconcile every part of us to Himself. In this prayer Jesus responds to the deepest longings within hurting people by enabling them to experience the love of God through a gift of increased emotional wholeness and freedom. Author and Wheaton College psychology professor, Mark R. McMinn, Ph.D., describes the spiritual director/pastoral counselor-directee-God relationship thusly:

> If God longs to be in relationship with us, and if the deepest longings of the human soul point toward God, then the goals of Christian counseling go much deeper than changing behavior. Even those who do not know God long for the things of God—peace, hope, love, and justice to name

31 Cited in Anderson, Neil T., D. Min. (1993). *The bondage breaker* (p. 185). Eugene, OR: Harvest House Publishers.

32 (Address, date, and author unknown.) "Seek The Gifts Of The Spirit" (p. 31). A pamphlet published by Presentation Ministries, Cincinnati, Ohio.

> a few. These longings are spiritual in nature, and so it is inevitable that every counseling session that digs beneath the behavioral veneer of human experience has something to do with spirituality and religious experience. Christian counselors attempt to do this work while being intentional about religious and spiritual matters, explicit about the guiding values and assumptions of the counseling intervention, and ethical in every counseling interaction.[33]

Deliverance

Amongst much of the general public, and too many clergy, three attitudes seem prevalent today regarding ritual abuse, Satanic ritual abuse, and demonic entities. First, many in early twenty-first century North America view serious belief in the existence of cults, organized abuse groups, or demons as either superstitious, illogical, or ignorant. Such beliefs, they feel, are simply incompatible with scientific rationalism. Comedian Flip Wilson's popular TV quip "The devil made me do it!" epitomizes a second public perception: it's a harmless joke. Thus, toddlers' mothers dress them up as ghouls, ghosts, and goblins on Halloween night, and grownup's movies (and Saturday morning children's TV programs) portray demons and satanic possession as "entertainment." Third, there is a growing fascination today with the occult, as evidenced by the "psychic reader" TV channel and the many astrology magazines at the supermarket checkout counter. The craving for esoteric, "extra" knowledge in our culture is evidenced by people considered celebrities "channeling" on TV and radio programs, and the growing number of "psychic fairs" in cities across the land. (Nancy Regan even reportedly consulted on behalf of her husband, the then President of the United States of America, a well-known California astrologer to determine an "auspicious" date on which to consummate some official Presidential action.)

What the Bible Says About Demons

On the other hand, the existence of Satan (Gen 3:1ff) and demons (Deut 18: 9–13) is attested in the Old Testament, while involvement with occult powers and activities (Lev 19: 13, 31) is clearly condemned. In the New Testament Jesus (Lk 9: 37–43) and His disciples (Lk 10: 17) are

33 "I have concluded Christians are woefully unprepared to deal with the dark world of Satan's kingdom or to minister to those who are in bondage to it."
Anderson, Neil T., D. Min. (1993). *The bondage breaker* (p. 11). Eugene, OR: Harvest House Publishers.

scripturally described as encountering, recognizing, and dispatching demons from afflicted people. Jesus made clear His followers were to do the same (Lk 9: 1–3; 10: 19-20; Jn 14: 12–14). According to the early church fathers, they did. Tertullian wrote:

> All the authority and power we have over them (demons) is from our naming the name of Christ, and recalling to their memory the woes with which God threatens them... Fearing Christ in God, and God in Christ, they become subject to the servants of God and Christ. So at our touch and breathing, overwhelmed by the thought and realization of those judgment fires, they leave at our command the bodies they have entered, unwilling and distressed.[34]

The Church's Position Today

Today, the Christian church officially recognizes the baptized Christian's positional authority over demonic entities (Mk 6: 7, 12–13; 16: 17; 20). Receiving the Nihil Obstat May 9, 1997 and Imprimatur May 20, 1997 (a declaration a book or pamphlet is considered by an official representative of the Roman Catholic Church to be free of doctrinal or moral error), *Seek The Gifts Of The Spirit,* published by Presentation Ministries in Cincinnati, Ohio instructs:

> Deliverance: In the name of Jesus Christ I command you, come out of her! Then and there the spirit left her. (Acts 16: 18)
>
> Every Christian can drive out demons in the name of Jesus (see Mt 10: 1; Mk 16: 17), but some have a special gift of deliverance. Peter set people free from the devil by his shadow falling on them (Acts 5: 15-16). Paul used an extraordinary method: 'when handkerchiefs or cloths which had touched his skin were applied to the sick, their diseases were cured and evil spirits departed from them.' (Acts 19: 12)

34 MacNutt, Francis, Ph.D. (1995). *Deliverance from evil spirits: A practical manual* (p. 10). Grand Rapids, MI Chosen Books.

Although we may not drive out demons in such dramatic ways, as members of the church we can attack the gates of Hell, which cannot prevail against us (Mt 16: 18). We can command Satan to leave in the name of Jesus (Mk 16: 17)...Some demons are driven out only through prayer and fasting (Mt 17: 21). 'Prayer and fasting are the first and most effective weapons against the forces of evil' (The Gospel of Life, Pope John Paul II, 100).

By obedience to Jesus we can bring down the strongholds of the evil one and demolish his sophistries (2 Cor 10: 4). We can disarm and despoil Satan (Lk 11: 22), break his chains, and make a public show of him (Col 2: 14–15). We can quickly crush Satan under our feet (Rm 16: 20), for the One in us is greater than the one in the world (1 Jn 4: 4). The world need not be in bondage to the evil one. Use your deliverance power."[35]

The Believer's Authority

Why then do so many Christians seem unaware of their Christian authority over Satan's demons, or how to exercise it?[36] According to Francis MacNutt, Ph.D., "...because Christian churches generally neglect to teach about deliverance..."[37] Neil Anderson, asking in *The Bondage Breakers* (1993) "Do you have what it takes to effectively exercise Christ's authority over spiritual powers?"[38] goes on to suggest four qualifications for demonstrating authority over demonic entities: belief one actually has sufficient authority, humility to recognize and acknowledge one's authority comes only from Christ, a godly sense of courage and boldness in spiritual warfare, and dependence totally on Christ to fight the battle for us. In Christ, the victory is already won.[39]

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35 "In this book I have attempted to clarify the nature of spiritual conflicts and outline how they can be resolved in Christ. Part One explains the (baptised Christian's) position of freedom, protection, and authority in Christ. Part Two warns of your vulnerability to very real and very personal demonic influences which are intent on robbing you of your freedom through temptation, accusation, deception, and control. Part Three presents the steps to freedom in Christ which will help you walk free of the enemy's designs on your life."
Anderson, Neil T., D.Min. (1993). *The bondage breaker* (p. 13). Eugene, OR: Harvest House Publishers.

36 (Ibid., pp. 68–71).

37 MacNutt, Francis, Ph.D. (1974). *Healing* (p. 220). Quoted in Leech, Kenneth (1977). *Soul friend: The practice of Christian spirituality* (p. 134). San Francisco, CA: Harper & Row Publishers, Inc.

38 Anderson, Neil T., D. Min. (1993). *The bondage breaker* (p. 73). Eugene, OR: Harvest House Publishers.

39 "I think we all agree that Christians cannot be fully possessed."
Siang-Yang Tan, Ph.D. (Professor of psychology, Fuller Theological Seminary, and senior pastor of First Evangelical Church in Glendale, California). "Demonic and Spiritual Warfare" in Christian Counseling Today. (pp. 40-47). Vol. 6, No. 2, Summer 1988.

MacNutt advises solid preparation before embarking on a deliverance ministry, and strongly encourages active and adequate follow-up afterwards.

> Prayer for deliverance should not be entered into without real prayer and discernment beforehand. Like major surgery it should not be lightly suggested. Many people have a need for prayers of deliverance, I believe, but the time cannot be hurried, and there is great need for follow-up. If follow-up cannot be provided, if there is no Christian community to help the person grow, we should hesitate before embarking on a prayer that cannot be finished: the last state of the person may end up worse than the first (Lk 11: 24-27).[40]

While reminding "Satan can do nothing about your position in Christ," Anderson cautions, "But, if he (Satan) can, he will cloud your perspective and thus diminish your faith and dull your effectiveness in the spiritual battle."[41] Anderson's thought brings to mind Paul's instruction to the Ephesians:

> Your strength must come from the Lord's mighty power within you...We are not fighting against people made of

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40 A. "We can be oppressed; to use correct terminology rather, we can be demonized." (Ibid., pp. 40–47).
B. "...(we) need to have a clear sense of the biblical nature of demonic activity and influence on the believer (i.e., oppression, affliction, and attack rather than possession or control.")
Philip Muinde, M.A., M.Litt. (Citizen of Kenya, and director of Doulos Trust, a ministry of counseling, conciliation, and reconciliation to business and government leaders in Aberdeen,Scotland). *"Demonic and Spiritual Warfare" in Christian Counseling Today* (pp. 40–47). Vol. 6, No. 4, Summer 1998.

41 A. MacNutt, Francis, Ph.D. (1995). Deliverance from evil spirits: A practical manual (pp. 76–79). Grand Rapids, MI: Chosen Books.
B. "If a counselee complains about being harassed by voices that instruct him or her to do things that are very much opposed to his or her value system--to use profanity, to injure onself, to hurt other people, or a variety of other wicked or troubling things--a response may be appropriate, especially if the individual typically does not manifest any other traits of being psychotic. Spiritual-warfare prayers binding the power of the enemy should bring a measure of relief."
Ned Stringham, Ph.D. (Clinical psychologist with Lincoln Counseling and Enrichment Associates in Lincoln, Nebraska). *"Demonic and Spiritual Warfare" in Christian Counseling Today* (pp. 40–47). Vol. 6, No. 2, Summer 1998.
C. "First, if there is a dramatic demonic manifestation, I will sense, for example, a very overwhelming, foreboding sense of evil in the presence of that person. Second, that person will have a very negative, adverse reaction to the name of Jesus, or to Scripture, or to hymns and songs. Third, usually there is a history of involvement with a cult or the occult. Finally, sometimes there's a strong olfactory sulfur smell, but that is not as important as the first three."
Siang-Yang Tan, Ph.D. *"Demonic and Spiritual Warfare" in Christian Counseling Today* (pp. 40–47). Vol. 6, No. 2, Summer 1998.

> flesh and blood, but against persons without bodies—the evil rulers of the unseen world, those mighty satanic beings and great evil princes of darkness who rule this world: and against huge numbers of wicked spirits in the spirit world...In every battle you will need faith as your shield to stop the fiery arrows aimed at you by Satan." (Living Bible. Eph 6: 10, 12, 16)

When is Deliverance Appropriate?

While numerous writers describe various levels or orders of demonic beings, MacNutt's earlier book *Healing* (1974), after describing three other kinds of healing, ends with deliverance: breaking free of bondage from forces of evil, i.e., demons, principalities, and powers. An extraordinary kind of demonic activity is "possession," a taking over of an individual (thought to be impossible if one is a born-again, in-dwelt-by-the-Holy Spirit, Christian[42]) which requires exorcism to expel. Other lesser demonic involvements include obsession, oppression, infestation, and temptation.[43] In this writer's experience, this type of involvement is almost uniformly encountered by spiritual directees seeking recovery from Satanic ritual abuse.

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42 A. "We need to be very careful in making the proper diagnosis from the clinical point of view so we don't just throw our psychology or psychiatry out the window. We need to use the proper methods of diagnosis to assess, and then spiritually discern. Spiritual discernment goes beyond psychological testing, assessment, diagnosis, and so on. We can have DSM-IV and all the psychological tests to make the differential or proper diagnosis, but we need to go beyond that. We need the Holy Spirit's wisdom to discern what on earth is really happening. And it's not always very clear."
(Ibid., pp. 40–47).

B. "Because of the spiritual nature of the demonic, we must exercise care in discerning what is an explicit demonic component and what is not. What may appear to be demonic may in reality be psychosomatic, thus requiring medical or psychological intervention. Other cases which may present as psychosomatic may in reality turn out to be demonic. The critical requirement for biblically sound diagnosis and therapy cannot be overemphasized if we are not to risk 'directly' addressing patients (or their illnesses or symptoms thereof) instead of demons! Thus, while there are spiritual factors behind all manifestations of sin, it would be simplistic to automatically associate behavior such as anger, guilt, and even addictions, with demons."
Philip Muinde, Ph.D. *"Demonic and Spiritual Warfare" in Christian Counseling Today* (pp. 40–47). Vol. 6, No. 2, Summer 1998.

43 "The most accurate way of diagnosing the presence of an evil spirit is through the gift of discerning spirits."
MacNutt, Francis, Ph.D. (1995). *Deliverance from evil spirits: A practical manual* (p. 80). Grand Rapids, MI: Chosen Books.

In *Deliverance From Evil Spirits: A Practical Manual* (1995), MacNutt explains how to tell when a person needs deliverance:

1. When the tormented person is aware of the spirit(s).
   - Hearing voices typically impelling one toward suicide or hate.
   - Seeing visions or having nightmares filled with terror.
   - Feeling impelled to do things one would never ordinarily think of doing.
2. The spiritual director-pastoral counselor observes symptoms.
   - Body contortions: violent shaking, rigidity, arched spine, slithering on the floor like a snake.
   - Facial changes: eyes filled with hate, mockery, pride, eyes roll upward, look serpentine.
   - Unpleasant smells.
   - Room goes cold.[44]

However, symptoms this obvious are not always present when some forms of demonic oppression are occurring. So absence of the above symptoms is not a fail-proof indicator no demons are in operation. Sometimes more subtle feelings of strong anger, wanting to express foul language, or encountering or engaging in (for no discernibly valid reason) unusual or unexpected disunity with family or coworkers are the manifesting symptoms.

In addition, numerous author-mental health practitioners caution against confusing demonic activity with other mental disorders.[45] Of particular concern is dissociative identity disorder (multiple personality), wherein it is not uncommon to find alter personalities who's characteristics may resemble a demon's, i.e., a "different" voice, aggressive personality traits, persecutory, self-harming ideation, uncharacteristic language, etc. While this writer believes the best proof is if, when the demons are prayed against authoritatively and commanded to stop bothering the person and leave, the upsetting feelings, ideation, and symptoms do in fact stop quickly, others assert the best method to be sure a demon is present is to exercise the gift of discernment of spirits.

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44 Weilert, Allan, M.T.S. "Deliverance Ministry: Some Practical Guidelines" in *The Journal of Christian Healing* (pp. 23–29). Vol. 17, No. 1&2, Spring/Summer 1995.

45 Smith, Ed, Ph.D. (1996). TheoPhostic counseling basic seminar: Moving beyond tolorable recovery, into genuine restoration and emotional inner healing. P.O. Box 489, Campbellsville, KY 42718 ph. (502) 465-3757

The Writer's Experience

This writer's personal experience with deliverance prayer began with reading MacNutt's *Deliverance From Evil Spirits: A Practical Manual* (1995) and McAll's *Healing the Family Tree* (1982) while on retreat in summer 1996. Subsequent to that awakening, he twice recognized and rebuked with authoritative prayer demonic oppression of himself which took the form of irrational and strong feelings of anger accompanied by thoughts of foul language. The feelings and thoughts ceased immediately.

Later, while on a missions trip to the Dominican Republic, relations between the writer's student video production crew and the host missionaries were deteriorating rapidly to the point the next sentence he intended to say would express regret things weren't working out but the project would have to be cancelled and the crew would return home. Just as those thoughts were forming, God granted the realization the conflict was demonic in origin. Quickly sharing his insight with the missionaries and the video crew, as soon as the vehicle reached it's next stop he gathered everyone together, explained what had been happening was demonic opposition to the project, and how to pray against it, and led the group in authoritative prayer commanding the oppression to cease and the demons to leave. The problem cleared up that moment, and relations improved so much for several years afterward the team co-leader maintained personal correspondence with one of the missionaries.

On another trip, this time to Haiti, after recognizing the sudden onslaught of feelings of intense sadness (related to a miscarriage she'd suffered years earlier) being experienced by a female team member were of demonic origin, they were prayed against and commanded to leave, whereupon the sad feelings abated sufficiently for the woman to resume her duties.

Finally, a couple of weeks following that Haiti trip, two medical members who had accompanied the church work team confided they were experiencing disordered thoughts, irritability, inability to concentrate, disrupted sleep, and bowel problems. Explaining the possibility these symptoms may have been a result of demonic oppression sent against them by Voodoo practitioners actively opposed to their work at the rural Haitian mission hospital, this writer led them in a prayer of authoritative rebuke and ordered the demons to leave. Both individuals subsequently reported the symptoms ceased immediately.

Other members of that same church work team led a worship service in a Haitian church in Port au Prince, the substance of which was prayer for physical and emotional healing and casting out of demons. None mani-

fested at the service, but the local pastor's wife's mother who earlier that week had been diagnosed by the team optometrist as having a large cancerous tumor inside her eyeball, came forward for healing prayer. Later she reported feeling "heat" had gone into her head when team members laid hands on her and prayed for her healing. To date (over five years later) the missionaries continue to report she's not felt a need to see a doctor, and she says she's "better" and is claiming to have been healed.

This writer has on occasion been asked to consult with mental health practitioners via the Internet, and by telephone with a senior pastor of a church in his own denomination.

In recent years, to overcome a block to progress in emotional healing, this writer has had increasing occasion to assist sexual abuse and Satanic ritual abuse survivors who had developed DID to prepare for and then engage in deliverance prayer. To date no demonic entities have manifested during these activities, other than to respond to a direct command to reveal their name and how they came to be attached to the survivor. In each instance, following prayer intervention, the spiritual directee has reported either experiencing sufficient immediate relief to be able to continue the session, or reported being able to see the demons in the memory being processed, see Jesus come into that memory scene, watch Him confront them, and feel them leave.

How is it Done?

Comparing authorities, it would appear the steps to deliverance are many and varied, with all kinds of prayers, warnings, advices, caveats, and "special" situations. After presenting a simple, straight-forward, clearly delineated seven-step approach devised by chiropractic intern and Association of Christian Therapists member Allan Weilert, M.T.S., this paper closes with a brief description of the writer's preferred approach, direct application of TheoPhostic Prayer, developed by licensed clinical psychologist Ed Smith, D.Min.

Allan Weilert's Deliverance Method

Praying for deliverance presents unique challenges to healing ministers today. Often, excessive attention is placed on the actual expelling of evil spirits at the expense of caring as Jesus would for the person seeking our assistance. After years of experience in healing ministry, Allan Weilert suggests a seven-step deliverance procedure which preserves reason and balance in the sometimes confusing realm of spiritual warfare.

1. **Substantial inner healing prayer (see above)**
   Since deliverance is primarily a spiritual issue, the afflicted individual essentially requires in-depth inner healing prayer, addressing spiritual and emotional concerns...targeted to traumatic events and patterns of sin within the person...As layer upon layer of hurtful memories are entrusted to the Lord, sometimes hidden obstacles rear up to hinder reception of true freedom.

2. **The interview**
   The interview is conducted only if there is legitimate reason to suspect there seems to be more than the common defense mechanisms at work to retard one's advancement in inner healing or in the spiritual life. Uncontrollable rage (for example, "might" be an indicator.)

3. **Discernment of spirits**
   This phase of deliverance ministry relies solely on insight granted by the Holy Spirit to confirm the interview and observations made earlier. There is *no substitution* for the information that the gift of discerning of spirits affords...The end result is a detailed description of which particular evil spirits hold positions of authority, the types (and sometimes names) of demons present, and their functions and relationships with one another as they affect an individual's life.

4. **Preparation for the deliverance**
   For an harmonious session, it is imperative each team member assumes only the role assigned by the team leader who alone addresses and casts out the evil spirits and directs the session. Obedience insures order and highlights clear lines of spiritual authority: thus a 'united front' is preserved in the face of our enemy. Possible roles of team members include an intercessor praying in tongues, someone continuously calling on the protection of the Blood of Jesus, another praying silently or making a litany of saints, angels, and Our Lady to pray for us. If an intercessory prayer ministry is available, seek their help in preparing for and during the session.

5. **The actual deliverance**
   Starting off the deliverance session with praise and worship is most appropriate. During this prayer time, the 'Binding Prayer' (McAlear/Brennan) should be recited aloud.

Grounding the person in Jesus can begin the ministry segment of the session...direct him/her to inhale the presence of Jesus Christ and to exhale any fear, and darkness. Brief inner healing prayer may also be done if necessary.

The team leader binds each evil spirit separately away from its ruler, with its aspects, attributes, and endowments bound to it. It is cast out in the Name of Jesus Christ and compelled to go directly to His feet.

One group of demons is cast out at a time, beginning with the weakest, ending with the demons in authority.

Ask the person being delivered to repeat the command to leave...Periodically, the leader may question the person being delivered to ascertain his/her sense of what is happening.

To be certain no one is 'hiding,' command any evil spirits that may be remaining to be bound together, to come out, and to go directly to the feet of Jesus. Inner healing prayer, which invites the Holy Spirit to fill the void left by any departing demons, is very helpful. Reception of Jesus Christ as Lord and Savior, renewal of baptismal promises, and baptism in the Spirit are also fitting at this time. End with praise to God.

6. **Aftercare**
   Conscientious ministry applies follow-up consisting of more inner healing prayer, dialogue, and ample encouragement...A phone call to check on him/her can do wonders...A ministry of 'befriending' may be appropriate.

   Shift the focus away from demons and from even the deliverance session itself...and onto personal responsibility and spiritual growth.

7. **Integration**
   Integration is really the ultimate goal of deliverance ministry, i.e., empowering an individual to walk free from bondage in order to glorify God and serve the Body of Christ...means helping the one just delivered become involved in ministry, healthy relationships, and personal growth and development...Church youth groups, singles organizations, or...prayer communities can be tapped as resources for meeting new friends.

Theophostic Prayer

Reminiscent of healing of inner memories prayer approaches mentioned above by Agnes Sanford, June Carter Stapleton, Fr. Francis MacNutt, and others, licensed clinical psychologist Ed. Smith, D.Min., at his Alathia treatment center in Kentucky has developed a healing of memories prayer approach which incorporates deliverance from demonization as needed.

Naming his approach Theo (God) Phostic (light), Smith engages in a three-way conversation between Jesus, the client and himself throughout the counseling session. He asks Jesus questions and requests the client report "anything you see, hear or sense Jesus say or do." Teaching his method in a three-level TheoPhostic Basic, TheoPhostic Advanced, and TheoPhostic Internship format, Dr. Smith reports unusually rapid and thorough amelioration of debilitating symptoms.

Though the name "TheoPhostic" may as yet be unfamiliar to many, the method is highly applicable to ministry in either a church setting or an intervenor's office. It requires dependence on Jesus both to reveal the cause of the client's suffering, and to remove it. The process essentially is as follows:

1. Find the feeling (fear, anger, sadness...whatever the directee is experiencing).
2. Ask Jesus to take her to "the origin and source" of that emotion.
3. Instruct the directee not to "censor" whatever memory comes up.
4. Ask her to "look around, and tell me when you can see, hear, or sense Jesus' presence" in the memory-scene.
5. Encourage her to "stay with the memory, all the way to the end." (This usually involves "feeling" the pain associated with the memory.)
6. Find the "lie" embedded in the memory (it was your fault; you are too bad for God so He can never forgive you; you deserved it, etc.,).
7. Ask Jesus to bring His truth to that lie. ("Jesus, was it really her fault? What is your truth about that?")

While appearing deceptively simple, it appears Jesus actually does minister to the person in the way requested. In this writer's experience, release and freedom are often so rapid—and sometimes so dramatic—they have to be seen to be fully appreciated.

When demons manifest, or appear to be causing the person distress, or she reports their activity, or any symptoms of demonization appear, this writer asks if it is alright to "take action against anything which might be present which is not of God," and then he verbally binds to silence and immobility any demonic entities presently interfering with the session. So far,

when demonic activity has been present, this simple action has uniformly resulted in the spiritual directee being able to continue the session.

At an appropriate point, this writer recommends asking Jesus if now is the time to work on the demonization. The steps to do so include determining how it became attached in the first place (the opening to the spiritual directee), and taking whatever action is necessary to remove its legal right to be present, i.e., break ancestral curses, confess and repent of any past occult involvement by the directee, do TheoPhostic prayer to remove any unresolved anger or unforgiveness or whatever else Jesus reveals to the person. When this work is finished, the directee is encouraged to assert her rightful authority as one belonging to Jesus and in-dwelt by the Holy Spirit to command the demon to "go directly to the throne of Jesus for Him to do with you as He will." The demon is forbidden ever to return to the person or any other human.

Finally, the spiritual directee prays that God would seal that opening with His healing love, grace, forgiveness, etc. When it is time to expel them, Dr. Smith recommends binding together the presenting demon and all others present, ordering the one presenting to speak for and represent all others present, by verbal assertion cutting them off from all outside communication with other demonic entities, neutralizing their power, canceling their assignments, and when finished with them sending them all to the throne of Jesus for His disposition. Smith permits no disobedience of his calmly delivered commands, allows no "acting out" (cursing, vomiting, etc.), forbids any demon speaking to lie, and requires it to speak only what Jesus desires it to reveal at the present time. Smith's method is clearly explained and repeatedly demonstrated with DID and ritual abuse clients presently in therapy with him, in his TheoPhostic Advanced and TheoPhostic Internship workshops.

Conclusion

It is this writer's understanding the Christian scriptures assert in the latter days evil, unclean, lying, deceiving spirits will flood the land causing havoc and doing their best to lead people into depravity while destroying their faith.

It is this writer's belief, from working with a seemingly never ending supply of sexually abused and family traumatized individuals, most of whom are Christians, and from the reports contained in literally each night's evening newspaper depicting a real-life epidemic of rampant abortion, physical and sexual abuse, assault and trauma, and the obviously growing incidence of ritual abuse, those latter days may now be upon us.

Be that as it may, those desiring to help ritual abuse survivors achieve emotional recovery and freedom are faced today with a choice. Lay leaders, pastors, spiritual directors, counselors, social workers, psychologists, psychiatrists—all of us can either open our eyes, look around, compare what we see in our offices to the now hundreds of published juried articles about healing prayer, and then decide to learn about it and *do* something about it...or we can continue as for the most part we have in the past, and play it safe by ignoring and denying what the evidence is now making clear.

This chapter is written to encourage those willing to begin exploring this long neglected but increasingly visible aspect of human healing. It presents information, provides references for further information, and describes real-life examples and approaches to help people integrate into their professional armamentarium an intervention strategy which deals specifically with a critical spiritual aspect of helping survivors heal from ritual abuse...prayer for inner healing of memories, and deliverance.

Chapter 17

Recognizing and Treating Survivors of Abuse by Organized Criminal Groups

Alison Miller

A reality of our interconnected world of the 21st century is that organized groups abuse children for their own purposes. Such groups include cults of various religions, especially Satanic and occult groups (ritual abuse), political mind control groups of various kinds, and commercial child pornography interests. There is evidence of networking between these groups; they share children, and they share strategies. Groups who use children in child pornography often use children from multi-generational incestuous families, which are to be found in organized cults. Military mind control trainers also find cult children a ready source of potential spies and killers. In Germany Michaela Huber has found a blending of SS-style military fascist groups with Satanism. All these groups use torture and interrogation and training techniques used by military and police all over the world, e.g., for training child soldiers.

These organized abusers, whether commercial, religious or political/military, are aware that dissociation is the lynchpin of secrecy, hiding the abuse from the survivor himself. As we know, dissociation is primarily brought about by extreme physical and/or emotional pain and betrayal in early childhood. These groups deliberately create dissociative disorders in children in order to be able to continue abusing and training the children without the children breaking the silence.

Organized criminal groups who abuse children, whether religious, occult, political, or commercial, tend to train their children in similar ways. Because of this, when survivors of these groups enter psychotherapy, they often present certain predictable problems. This article focuses on the nature of the training of children by organized abusive groups, and on the practical problems of dealing with survivors of this abuse in psychotherapy.

The purpose of understanding this is still to engage in ethical and effective psychotherapy.

It can be very helpful to know the basics about the nature of the personality systems created by organized abuse, as well as about the dangers of ongoing contact with the perpetrators. Knowing the basics can save a

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lot of therapy time and can help our clients feel understood. But don't get hung up in the details of sophisticated "programming." Just get to know your client, care about him or her, develop a trusting relationship, and use the specialized knowledge I am providing here in the context of overall competent DID therapy.

The suggestions for treatment in this chapter are general guidelines for recognizing and working with survivors of organized criminal child abuse. They are not to be put into practice without adequate training and supervision. A therapist using these methods must already have good basic training and well-developed understanding of and experience with treating trauma and dissociative disorders.

Part 1 : The Structured Personality System of the Survivor

The personality systems of ritual abuse and mind control survivors are different from those of dissociative individuals whose abuse has been less systematic.

Characteristics of these systems often include:

1. An internal structure in which the alters are placed
2. A complex inner world
3. Observer and recorder alters who know everything that has happened to the person
4. Internal filing systems for memories, especially of training sessions
5. A hierarchy of alters
6. Alters with "jobs"
7. Alters who believe they are animals or demons or aliens
8. Internal calendars with "jobs" to be done on certain dates
9. Spinner alters who send out feelings or impulses to the rest of the system
10. Deliberately placed "triggers" for learned behaviors
11. "Booby traps" of despair or suicidality triggered by talking about the abuse
12. Recycling of memories and reappearance of trained behaviors
13. Reported use of technologies in training
14. Certain predictable mental disorders as side effects of training

If you have a client who has most or all of these characteristics, you may suspect he or she has been abused by an organized criminal group. Though, of course, you will refrain from suggesting it until and unless the client brings it up.

1. An Internal Structure

Ritual abuse survivors have been called "structured" as opposed to "reactive" multiples (persons with Dissociative Identity Disorder) because very often their deliberately created personalities have been organized into some kind of an internal structure, shaped like a pyramid, or a prism, or a tetrahedron, etc. This is also true for mind control survivors. The structures that are created by the group are fixed by the trainer and the specific group. These are purposefully made to keep it easy for the trainers to retrain alters over time. In some groups they are constructed using geometric shapes, others use trees, others use the Kabalah. Each substructure has a department head, and workers. Colors and symbols are used to categorize different groups of alters in the structure. There is also a dump, for discarded or untrainable alters.

Once a therapist knows the physical look to a structure (which may be the last thing you ever find out) it makes it easier to work your way through the system. Unfortunately only the internal department heads actually know what the structure is based on, and it takes time to establish trust with these alters. If a client is talking about an internal geometric structure, it is a "red flag" for organized criminal abuse. Structures are used for perpetrating groups to locate specific alters, and to call out specific combinations of alters for certain tasks. Often there are codes for each space in the structure or matrix.

In a typical group, an original group of "foundational" alters are split off between the ages of 6 weeks and 6 months by means of loud noises, bright lights, small electric shocks, and other noxious and shocking stimuli, so that by the age of 6 months the child has at minimum 18–20 alters. Each alter will come out in response to the trigger that created it. These infant alters are then trained to recognize their names, special colors, magical symbols, and location in the structure, which is simulated in the outside world so that the child will internalize this image of who all the alters are and where they "live" on the inside. Torture is not used in teaching the infant alters about who they are and where they live; it is a game which is fun for the child and gives him or her attention. This makes it less likely that the person will remember it in therapy, as therapists tend to go for all the traumatic events, and in any case non-traumatic events from infancy will not be available to explicit memory. This is called building the base or the foundation; it is complete by 6 to 10 months of age.

In some groups, as the child gets older, this structure is imprinted on the child's unconscious mind by training an alter to build a structure with building blocks of varying colors, and place dolls of the same colors repre-

senting the alters in their places in the structure. They are told that everyone must be kept in their places. The structure is gradually developed and elaborated over the years. Walls between the alters or alter groups prevent their communication, and taking down the walls causes alters to join. Often the builder alter is supposed to take down certain walls when the survivor gets to a certain age, so that, for example, the everyday life alters integrate with the cult-loyal ones, leaving out the pain holders. Knowing the structure can help the therapist know how many alters there are and which ones are most important to work with.

2. A Complex Inner World

Many survivors have been encouraged to create, either instead of a structure, or in addition to a structure, a complex inner world in which the alters live. It is often based on fairy tales or stories or movies which have been shown to the child. It may have frightening places in it, some copied from the outside world (e.g., a "pit" or a "torture chamber") and some created by suggestion. The internal disasters which can be triggered happen in this inner world. The trainer gives the child suggestions about the appearance of the internal world, through showing the child a picture of a tree, or a pyramid, or a house or a box, and playing games of "Let's pretend little Susy (or whatever alter is out at the time) lives in the roots of a tree."

If the internal world is frightening, the therapist can later help the client use her own imagination to redesign it and put the alters in safer places. But first it is necessary to overcome the effects of the training that dictates that everyone inside must stay in his or her place.

A "reactive multiple" (a survivor whose alters were not deliberately created by an organized group) may also have a structure, but it is simply a place for the alters to "live" inside, such as a house. Sometimes places or structures inside are copies of outside places, including places where abuse happened. This is true for both structured and reactive multiples, but many whose abuse was not perpetrated by an organized group have no inner world at all, and alters when not "out" simply disappear into blackness or exercise an effect on the person's emotions without being internally visible.

3. Observer and Recorder Alters

Survivors of organized abuse often have observer alters (often known to therapists as Inner Self-Helpers) who are aware of and remember everything that happens to the child. Often observer or recorder alters are told that they can see everything but cannot and must not act in the outside

world. They may believe they are non-human, e.g., aliens or whales or spirits. These alters, who are created very early, can be very helpful in accessing memories for processing.

There may also be "floating alters." These are not deliberately created parts of the system, but alters that were accidentally split off at the same time as others. They are able to float around the system learning everything they can, often unnoticed by the other alters. Since the perpetrating group is unaware of them, they don't get hurt unless they get in the way accidentally or they choose to take someone's pain. They can be an incredible source of information about the system and about what has happened. Reactive multiples also have floating alters.

4. Internal Filing Systems

Many survivors of organized abuse, particularly ritual abuse and mind control, have internal filing systems, usually with a "control room," files, a file manager or controller, and labels on the files which refer to such things as the type of training, age, and place where it was done. When you come to working with the memories, it is very important to work with the file manager alters. In some cases, there are "program codes" which when said in the right order will make certain programs or pieces of training cease to work.

5. A Hierarchy of Alters

The alters within most deliberately created systems are hierarchically organized. There are generally levels or layers, and each level has a boss, who reports to someone on the next higher level. There are often several alters with the same name but different functions, usually on different levels. The ones in charge usually have titles representing their authority. In political systems there are captains, leaders, and soldiers; in ritual systems there are demons, Satans, high priests or priestesses, and representations of family members who have authority in the person's life. Each layer in a Satanic system usually includes a Satan, a few demons, a high priest or priestess, a copy of the primary trainer, and various guards. Authoritative alters have the job of disciplining others under them for disobedience (such as talking about the abuse). If the disciplinarian on one level fails to do his job, the discipline moves up to a higher level. There are usually also fail-safe alters outside the "layers" to deal with the problem if the ones in charge prove disloyal. These have been told they are such entities as ghosts, chameleons (who can impersonate other alters), deceivers, and spiritual guides.

The alters in charge of the system are always watching what goes on in the outside world, but rarely intervene directly at first. The therapist can

"talk through" the system to them, as they are listening. In doing therapy with a survivor of organized abuse, your objective is to get through to the alters in charge of the hierarchy and convince them that they have been deceived. They often believe they know everything about what has happened to the person (not true), and have never been hurt; they may believe that they don't belong to the body at all. Gently exposing their false beliefs, as you talk to alters with increasing authority, gradually builds trust and helps the client see what has really happened to them. You cannot succeed in therapy with a survivor of organized abuse unless the alters in charge of the hierarchy at first allow you to proceed, and later actively cooperate with you. Although these alters have observed the "real" world, they have rarely been out in it, and have very limited experience of anything in life other than group events and training. Their rewards have been sex, drugs, and power; they know nothing of love or caring or pets or snow or anything else positive in life. Other alters can share these positive experiences with them to help them see what they have been missing.

6. Alters with "Jobs"

All alters in a deliberately created system have jobs to do, and doing one's job is the most important expectation, after compliance and silence. Categories of jobs include: learning languages, guarding secure information, various sexual behaviors, killing and dissecting and sacrificing, holding physical and emotional pain, doing magik, reactivating training, and worship.

Gatekeepers are special kinds of guards. They are told they are in control of the mind and all emotions. They work in combination with those in charge of the Pain. A gatekeeper is never hurt himself after his initial creation or "birth," holds feelings and memories back, and observes everything that happens.

Garbage Kids are alters who wouldn't comply in training, or couldn't learn quickly enough. They may have been discarded by being taken to the point of death or unconsciousness via drugs or severe electric shock, or they may have just never been called out again after their failure. Other alters may believe these ones are dead, while higher-ups may believe these alters are failures so are not worth consideration. Often garbage kids are hidden pain-holders, and continue to participate in some memories. It is important to seek them out so that they can contribute when memories are being processed. If they have been "killed," they are stuck in the memory of being unconscious, rather than actually destroyed.

7. Non-human Alters

Organized abusers often want alters to believe they are anything other than parts of an abused child. One simple way of creating non-human alters is to split off an alter by inflicting pain while the child is exposed to circumstances which lead her to believe she is not human. For example, the child is given a hallucinogenic drug while suggestions are made about demons, and people are wearing demon costumes. When the new alter appears, she is shown a "mirror" with a picture of a demon on it and told this is her. Or the child is put in a cage with a fierce dog, and only fed dog food when she begs for it like a dog. Or the child is given a paralyzing drug so that she cannot move, shown movies about aliens, and told she is an alien who can observe this world but cannot act in it.

The purpose of the demon alters is to keep the child in line (ensure compliance) by the constant fear of being grabbed and harmed by a demon. They represent actual demons which the group believes in, just as idols may represent deities in the Hindu faith. If the child is about to disclose something to an outsider, a demon will come up and scare him. The demons are set up in a hierarchy. They are given names of actual demons. Demon alters are led to believe they are entirely evil and are therefore not loveable by anyone, except Satan. They also believe they are very ugly so that anyone from outside will be afraid of them.

Animal alters are used for purposes consonant with that animal's nature, such as a cat for going through the bushes at night. Alters who believe they are large animals such as dogs are also used for sexual intercourse with real animals. Alters who believe they are aliens or ghosts typically believe they don't belong to the body; they don't feel the body's pain, and they are very useful when the person requires punishment such as self-harm or suicide attempts. They usually believe they will live on if the body dies, since they think their "internal bodies" are the real ones.

8. Internal Calendars

If the group has a long-term agenda—and most ritual and political groups do—there are alters who hold a "calendar" which lays out the "jobs" to be done on certain dates. Regular ritual dates are part of the calendar for a ritual abuse survivor. They are learned in a normal everyday way, like learning the dates of your birthday and Christmas. Some survivors also have alters who hold future dates such as the return of Satan (in 2012), or the date of the political group's battle to take over the world. In addition, some groups implant personal dates (years) in which survivors are to return to the group, integrate real-life alters with cult-loyal alters, commit suicide or become ill.

There are often internal punishments, such as a very annoying sound, spinning, or a sensation of being shocked, if the person does not return when told to.

9. Spinner Alters Who Send Out Feelings or Impulses to the Rest of the System

Cults and mind control agencies use physical spinning of the child a great deal. It is meant initially as a form of compliance training; a baby is spun on a turntable, along with hearing an annoying noise, until it stops crying. This process is repeated many times, using each alter. After that, spinning to the point of making the child physically ill is used extensively in the first two years of life every time the child is disobedient. A spinning chair is used at later ages.

The vestibular (balance) system in the brain is closely connected with the limbic system, and spinning can have the effect of spreading post-traumatic effects throughout the personality system. In organized abuse, spinning is used to teach the child's alters to come forward quickly and take parts of the child's pain, fear and nausea, as well as to share the lesson being taught at the time. The child learns to involve a specified group of alters in a spin.

A specific training or "program" is given to a group of alters, who each hold a part of the training. If the program goes into effect, all these alters are involved through internal spinning by a spinner alter. If the lesson is one that the trainer does not want a single alter to hold, such as suicide, or homicide, all the alters in the training group must be activated in order for the target behavior to take place. This is a security measure, so that one alter can not kill the entire system, or one alter cannot kill another member of the group. This is why the majority of people only injure themselves rather than die in their suicide attempts.

Spinner alters have the job of sending out feelings or impulses to the rest of the alters, the host, or a group of selected alters. Often when a certain training is in operation, the survivor feels dizzy, as though something or someone is "spinning" inside her head. If this is happening, ask to speak to the alter who is maintaining or distributing the spin, and ask her to stop spinning. If she is unable to do so, talk to whoever is making her spin. When a survivor feels spinning, it is because the memory of an abuse which involved extreme spinning has been triggered. Usually this was in the first year of life.

"Spin programming" is a misnomer. Spinning is used very generally, in many kinds of training, just as torture and rape and disgusting creatures.

We do not speak of "rape programming" or "rat programming" or "asphyxiation programming." Some survivors report having been spun on a huge Catherine Wheel, sometimes going in and out of water. This is known to have been used in political torture.

10. Deliberately Placed Triggers

The basic training (compliance, loyalty and silence) has been given to all alters, and cannot be turned off. However, many other specific trained behaviors such as self-harm or disrupting therapy have "on" and "off" triggers or switches. There are not only external triggers, such as certain touches or sounds or words, but there may be internal switches. These behaviors can be stopped if the therapist can either speak with the alters responsible and ask them to turn off the programs or learned behaviors, or use group-created triggers to turn them off. Triggers are installed using drugs and punishment, repeated over and over while the child is in a semi-conscious state.

If you use triggers (e.g., special touches) make sure that your client has confirmed what effect they will have on her. Some of the triggers are common to many survivors, but some are unique. The only thing that all triggers have in common is that they are installed at acupressure points. (For this reason, acupressure techniques can cause unexpected effects in this population.) Sometimes the same trigger will activate or turn off different behaviors in different survivors, so be careful in using triggers. Turning off a behavior through a trigger does not mean it will not recur. Permanently deactivating the training can only be done by working through the training memory with all involved alters.

It is possible for the therapist or the client to use group-created triggers for helpful purposes. For example, an alter trained not to feel pain can reduce the pain resulting from a re-abusive group contact. An alter trained to put other alters to sleep can put to sleep alters who are programmed to go to group meetings or to harm the body. An alter trained to make the others forget events can make the alters who are supposed to report to the group what they have disclosed forget having talked about the memories.

It must be remembered, however, that use of triggers by the therapist, or use of force by certain alters of the client on other alters will be experienced by the client as coercive if the alters being triggered do not consent. Cooperation is always to be preferred to coercion, and can often be achieved. For example, an alter who is trained to harm or kill the body may agree to be put to sleep or internally isolated until the next therapy session, when the self-harm program may be undone. It is preferable to

convince the internal alters to do these things rather than having the therapist do it. Sometimes it may be necessary for the therapist to use touch triggers to turn off dangerous behaviors. Before this is done, an alter should be out who doesn't mind being touched, and who understands that the therapist is not a group member just because s/he knows about triggers.

11. Booby Traps

"Booby traps" are dangerous internal events that are triggered to happen if the client (with or without a therapist) messes with her own training, and/or becomes aware of memories she is not supposed to know. They include such things as suicide attempts, serious self-harm, or falling into terrible depression. Booby traps are caused by flooding of the feelings from very emotionally traumatic memories without the content. The memories will be of the death of a person or animal they love, and/or of abandonment by "God" and by family members, being told they are worthless and no one can love them, even God, and no one can save them.

The booby traps are deliberately created as part of the training. They create unbearable feelings, and offer relief from these feelings through becoming catatonic or killing oneself. A booby trap can be set off without the knowledge of the host. The host may leave a therapy session feeling just fine, then go and jump off a building. Because of such traps it is very important to go very slowly in therapy with survivors of this kind of abuse.

12. Recycling of Memories and Reappearance of Trained Behaviors

A recycler alter is one who has been trained to keep a small piece of each training memory, so that the survivor will be unable to recover the entire memory and thereby undo the training. The recycler may be given a name like Piece Keeper or Puzzle Maker or Collector, and will be instructed to do something with the pieces, which are not kept in the files with the rest of the memories. When the therapist and client are ready to go through the training memories and undo the effects of the training, it is essential to find any recycler alters and ask them to put in their pieces as well. Otherwise, the memories which have been processed will be redissociated and the training will begin to work again.

13. Technologies Used for Deception and Training

Stage magic is used extensively to create non-human alters and simulate various false scenarios such as murders or alien abductions. Trapdoors, drugs, hypnosis, and various kinds of illusions are used.

In addition, specific technologies which have been reported by survivors include:

- various spinning devices
- a red light flashing machine normally used for neurofeedback
- a helmet which administers small electric shocks to different areas of the head (originally developed by a Canadian inventor for use with epilepsy)
- a small soundproof and light-proof box ("deprivation room")
- a sound-emitting machine normally used for testing hearing, used at very high volume to create aversive memories which are later used as booby traps for internal punishment
- a bed equipped with electrodes ("electronic board") to teach touch triggers
- virtual reality glasses

14. Mental Disorders as Side Effects

Various kinds of mental illness occur when for some reason the dissociation in the personality system breaks down. In survivors of organized abuse, there are some predictable symptoms.

Posttraumatic Stress Disorder: The flooding, flashbacks, and self-harm of some of the internal punishments give the client an extreme case of posttraumatic stress disorder. This can also be caused by early and incomplete attempts at memory work by the client and/or the therapist.

Eating Disorders: The child is fed raw flesh, feces and urine, and cookies that contain bugs instead of chocolate chips. This is necessary to train them to eat disgusting things in rituals. Eating disorders often occur as a side effect.

Bathroom Problems: There may also be difficulties with urination and defecation (from having to hold these back in sexual or ritual training), and fear of bathrooms or showers (because of near drowning experiences). A combination of all these things is a sign of the kind of experiences the child may have gone through.

Sleep Disturbance: Alters are also trained to stay awake by being stuck in a cage or tied to a stake for a very long time, being painfully prodded awake if she falls asleep. This is done because most ceremonies take place after midnight, so the child must learn to be awake for ceremonies and in school the next day. There is, of course, also sleep disturbance from being sexually abused at night.

Rapid Switching: This occurs when something has gone wrong with the internal "gate control mechanism," or sometimes when the person is

so anxious that no alter wants to stay on the outside for long. Some groups deliberately induce it and train alters to do it to appear crazy. The effect is an inability to complete a thought or sentence, which looks like the schizophrenic "word salad."

Scrambled Speech and Perceptions: Scrambled speech is taught using hallucinogenic drugs and microphones that cut in and out, speaking to the child in several languages. It can also be done using a rapid switch between deaf alters popping in and out, along with any alter who speaks other languages. The purpose is to confuse the host, and to prevent outsiders from getting to close to important information or alters.

Alters' Identity Confusion: Sometimes alters have been told they are specific outside people, such as rock stars or politicians, or are to take on the identities of whoever is around them. One purpose of this is for training them to impersonate outsiders. If the client is hearing voices who claim to be famous people, she appears to be schizophrenic.

Addictions: Since drugs are commonly used as part of the abuse, survivors easily become addicted to various drugs. Sometimes their drug dealer is a "watcher" or representative or the abusing group.

Part 2: Training of Children

Many organized criminal abuser groups deliberately create alter personalities in infants, and use behavioral conditioning sequences to train these alters to behave in certain ways without the host personality being aware of it. In some groups, this is called "programming," while in others it is simply "training." Drugs, extreme arousal, pain, and life-threatening situations are used, as well as movies, music, stories, and virtual reality technology. The memory of a training situation is often split between several alters, so that the alters who have to produce the programmed behavior are amnestic for the conditioning sequence. The effect is like that of a post-hypnotic suggestion. Alters are instructed to "do their jobs" in response to specific conditioned stimuli or "triggers."

This paper addresses issues with people raised as young children in perpetrating groups. The groups believe it is impossible to "split" a person into alters after the age of nine. People who are recruited as teens or adults do not necessarily have dissociative disorders, though they may suffer from Posttraumatic Stress Disorder.

The most basic lessons, which the child raised in such a group is taught when he or she is under two years of age, are (1) total compliance, (2) loyalty to the group, and (3) silence. All alters receive this training, which is reinforced throughout life. In addition, specific alters are given

specific jobs, and are taught to do them to the best of their ability. These jobs include re-contacting the offending group, punishing deviant alters, and interfering with relationships and therapy. If the training breaks down in any way, certain alters are trained to re-contact the group, who will reinforce the lessons taught earlier. Alters are also trained in sexual and violent offending.

Specific trained behaviors or "programs" can be activated by remembering the abuse, talking about the abuse, everyday "accidental" triggers (words, touches, sounds, sights), deliberate triggers provided by group members, events and dates. The host personality is often unaware of why he or she is behaving in these ways, and feels powerless to counteract it. This is because the alter "out" in the world is not the one in control of the behavior. The perpetrators are capable of attaching conditioned responses (such as falling asleep, or becoming violent, or feeling great pain) to particular events, such as entering the therapist's office, or working through specific memories.

Specific types of training are recognizable by their effects. When a specific training is in operation, the survivor often feels dizzy, as though something is "spinning" inside her head. A spinning alter, who is not herself affected by the specific training, may be using the spin to distribute the effects of the training to other alters.

The following are some types of training which you may expect to encounter in survivors of organized abuse:

1. Compliance and Loyalty Training

This is done with "horrible examples" of what happens to "traitors": severe punishment for disobedience, vows signed in blood by important alters, forced perpetration, and threats to kill loved ones. If the perpetrators discover that a survivor has been talking to an outsider, the group will reinforce the loyalty and obedience training through repetitions of elements of the original training.

The most important ways to combat loyalty and obedience training are to show the survivor, especially the loyal alters who are in charge of the personality system, the ways in which they have been deceived. If the client is currently safe, emphasize that behaviors which got her "in trouble" years ago will no longer get her in trouble. Show the alters who are still loyal to the group the ways in which the perpetrators have tricked and deceived them, so that they will become justifiably angry. Be absolutely sure the client is currently safe before you tell her she is; otherwise she will be severely punished and will look upon you as a liar. Many survivors are unaware that they are still in contact with their perpetrators.

2. Silence and "Shutdown" Training

Almost all training sessions have a "Don't Talk" component built into them, usually in the form of a threat to the life of the survivor and/or others whom the survivor loves (family, friends, therapist, therapist's family). When a survivor stops in the middle of telling you something and appears to be listening internally, you can suspect that another alter is telling her not to talk or threatening her. When she changes the subject, or becomes afraid, or tries to leave when certain things are asked, or cannot speak at all, shutdown training is taking effect.

Besides the general training not to disclose anything about the group, there are several specific kinds of training designed to make the survivor not talk. These include training to believe it was a dream, electroshock after an event to make the survivor forget, training to disbelieve her own memories, training to believe the group overhears everything the survivor says (done with a hidden microphone), training to believe that a creature or device placed inside the survivor will destroy her if she talks, and training not to appear dissociative, usually done with administration of an antipsychotic drug. This latter training means that many survivors always have the host personality at the front, and other parts cannot come out directly. It is still possible to work with the parts via the host communicating with them.

Silence and shutdown training is all based on lies and trickery, but nevertheless it presents a considerable barrier to effective therapy. Some of this training (e.g., to forget, and to disbelieve her own memories) could potentially make a client deny what she has previously disclosed, and accuse the therapist of planting false memories. When this is coupled with present-day re-abuse and threats to the client and others, a survivor could feel she has no alternative but to recant.

It is therefore very important to access at least the knowledge portion of the memories of some of this training, so that the client can see how and when she has been deceived. Again, showing the survivor, especially the alters in charge of the system, the perpetrators' deceptions, is crucial to getting these alters to work in therapy. It is, of course, very important that you not suggest to the client what may have happened to her to make her believe the irrational things such as "The group knows everything I think." But ask the system to show the significant alters the trickery behind each belief.

3. Training in Self-Punishment for Disobedience or Talking

If a survivor disobeys the group, usually by disclosing secret informa-

tion, various groups of alters will act on their training to punish the survivor. Methods include self-harm, suicide attempts, insomnia, eating disorders, sickness, and various kinds of flooding programs, including depression, emotional lability, offender memories, and physical pain or nausea.

The self-harm and suicide training results from behavioral conditioning. Children and adults are generally taught several specific ways of harming and of killing themselves, down to the details of how many of each kind of pill to take. Self-harm programs are specific, e.g., cutting or burning. These behaviors are triggered by disobedience, and can be turned on and off with triggers. In contrast to people who harm themselves in order to feel pain, in programmed self-harm the alters who inflict the pain are generally not the ones who feel it. Usually the suicide attempts are not serious, or are aborted at the last minute by other alters, as the client is not permitted to die until the group gives her permission. The risk of completed suicide is higher if the client is still in contact with the perpetrating group, and increases in this situation as she progresses in therapy, as she becomes less useful to the group and more of a security risk.

Another kind of self-punishment uses flashbacks of various parts of traumatic memories to cause extreme discomfort in the survivor. This includes physical pain, flooding with emotions, hallucinatory flashbacks, memories of having to perpetrate, and disasters happening to the internal world (done by destroying the child's model of the "world" while the child is shaken, almost drowned, or blown around).

The most effective treatment for all kinds of self-punishment is to ask to talk to the alter who is inflicting the punishment, ask them why they are doing this, and then negotiate to get them to stop. If this alter is obeying someone else inside, you need to speak with the one giving them orders, and work your way up the hierarchy until you find someone who has authority and will cooperate with you.

Sometimes the internal events which cause flooding appear to the alters to be mechanistic. An alter "presses a button" inside, and the client immediately experiences a horrible ongoing noise, or a sensation of electric shock, or continuous flashbacks of some awful event. Mechanistic concepts can be countered with other mechanistic concepts. If there is a "wire" attached to the "button," have the client cut the wire. If an internal "tap" is "leaking," add some more plumbing and allow it to leak into a large sealed container.

4. Training Which Facilitates Continued Access by Perpetrators

In some cases, the survivor has alters who are continuing to be active in a local group without the knowledge of the host. With ritual abuse, there are alters who are supposed to attend rituals on specified dates. These include "Hallmark holidays," such as the survivor's own birthday, family birthdays and anniversaries, and Mother's Day. They also include occult holidays belonging to the group, such as full moons, blue moons, Satanic Revels, the Feast of the Beast, Beltane, Candlemas, and dates specific to various ethnic groups. Satanic groups of course celebrate Christmas and Easter with reversals of the Christian ceremonies, including the "black mass."

a. Training to Report Disclosures to the Perpetrators

Most survivors have alters whose jobs begin when the client talks to an outsider about her dissociative disorder or her abuse. They have to report to the group what she has disclosed, and to make her return for punishment and retraining. This is the kind of training which creates the most danger for the client, and it will "kick in" as soon as the client discloses anything of any significance. The alters who report are trained to believe that the group knows whatever they have said or done, so they are afraid they will be punished if they do not report. There may be a person who typically telephones the client, or who the client telephones for debriefing, immediately following a therapy session. Identifying who this is may help the client recognize who is and isn't safe.

In some cases the client is completely out of touch with the original perpetrators and does not know how to contact them; in other cases the host and other disloyal alters are strong enough to prevent group-loyal alters from acting on this training. But in many cases the host is unaware, and if the client's family members are among the perpetrators (which is often the case), the client is immediately endangered if she discloses anything significant in therapy. The "reporting" alters are supposed to telephone a group member, usually a family member, if the client discloses anything of significance. As the survivor moves to different locations around the country, her reporting training can be attached to specific individuals in each location to whom she must report. She is supposed to report any change of location. During the reporting phone call, the perpetrator calls out alters and gives them specific instructions, such as to come to a certain place or to attempt suicide. See the later section on "Maintaining the Client's Safety" for tips on how to deal with reporter alters.

b. Training to Return to the Perpetrating Group

Avoiding punishment is also a major theme in the training to return to the group. There are, however, other kinds of training to make the survivor return to the group. Positive reinforcement is used. A young alter is trained to come to a perpetrator who gives him ice cream or a toy. If he doesn't come or misses an event, he is told he missed some very special reward or pleasure. In ritually abusive groups some alters, usually those who have to harm others in rituals, are trained to return for rewards. These alters experience none of the abuse, and are rewarded with massage, drugs, pleasurable (often violent) sex, money, toys, and power (e.g., to decide who gets hurt). Sometimes they are told they don't belong to the same body as the alters who are harmed. The alters who are supposed to return for the survivor's personal birthday are often of this type. These alters really want to go back to the group, and this desire can only be stopped by showing them how they were tricked, and eventually having them feel the pain of what has happened to other alters at group events. Rewards are tailored to what the individual finds pleasurable. The reward aspect of the group often doesn't come out in therapy, because it can be very embarrassing for the survivor to talk about it, and because she feels great guilt for enjoying these things.

The groups also use the client's empathy and compassion to make her return. They tell the child that she has to return to save a younger sibling or friend from being killed. (This is even used to get a member to attend the murder of the person they want to save!) The alters who have this training will feel a desperate need to return to the group, feeling that something awful will happen to someone if they don't. This kind of threat is frequently made to ensure the obedience of survivors who are in therapy.

The reality is that people are tortured and sometimes killed at most cult ceremonies, not just ones that happen without the client present. If someone else is to be punished because of the client's disobedience, it will only happen when the client is attending to watch and take part in the event. It will not happen if she is not there. Help your client realize the logic of this.

c. Training To Respond to Access Triggers

Even when the client is not returning to the group of her own free will, she may often continue to be accessed by the group (if it is local) because of other training. Most access training has specific auditory triggers, such as a certain number of rings on the phone, the honk of a car horn, or a beeping sound, or hand signals, words or touches. Young child alters are trained to

answer the door or the phone through games and rewards. There may be special knocks or rings to indicate the call is for them. More violent groups may use electroshock and other punishments for not answering the phone, and may have "Satan" on the other end of the phone to enforce this. A series of beeps on the phone (made with a telephone keypad) may convey a message to a specific alter. Less sophisticated groups may make an alter deliberately addicted to narcotic drugs at age 9 or 10. This alter is conditioned to feel withdrawal and go outside at the sound of a car horn (or dog whistle, etc.) to get the drugs she needs. The group may then create a new addiction later in life to keep the client returning to them.

"Come when called" training involves punishment if the alter doesn't come, and reward if she does: simple conditioning. Training to be unable to run from an approaching perpetrator is done with small doses of anesthetic, which makes the alter's body feel so heavy she is unable to move.

In Satanic groups, alters are taught that the left side of the body is owned by Satan, and they must respond when he calls. During ceremonies a child is always tapped on the left shoulder when presented to the Master, who then places his hand on the left shoulder and gives commands. Because of this, for many survivors, a single touch on the left shoulder with the alter's name is then enough to call out any alter. See the later section of this paper on "Deliberately Placed Triggers" for guidelines on when a therapist may use these touch triggers with a client.

During a recall, alters are interrogated for information about what they may have disclosed. Disobedient alters are punished by violence or rape, then sent away inside. Dormant alters who are "backups" for those who have become disobedient are activated and given the jobs of the punished alters, which they have already been taught. Recalls are horrible for a client, but can actually give a therapist clues about what training the client has and which alters are involved in it. With one client who has constantly been harassed, each time I have found "new" alters it turns out that they have been activated by the perpetrating group and thus have become available to be found by the therapist.

5. Training to Disrupt Relationships

These groups want their victims to have relationships only with them, so there is training to undermine the survivor's relationships, especially with persons who could obtain hidden information or assist the survivor to become a "traitor." Some of this is general, and some of it is specific to relationships with such persons as physicians, therapists, police, and clergy. Some of the training involves harming or killing other people, so it

can be dangerous. If the ritually abused client suddenly distrusts (or fears, or tries to seduce) her therapist or friend or physician with no apparent reason, this kind of training may be operating. For some survivors, the "off switch" for the training to interfere with any relationship is to hold the person's head and make it nod, then trace on their forehead the initial of the person they are to like or trust again.

Infants in cults are deliberately bonded to the group rather than to the mother. To break the maternal bond, the child is passed around between the group members. The child is taken out of the home, and can't see the mother except at a distance. It is teased by being shown the mother at a distance, and told "If she loved you, she'd be with you." The baby is made excited—"Mommy's coming." Then Mommy comes and walks right past. The length of time the baby is kept away from the home is how long it takes to break the bond with mother. So the child never really trusts the mother again. The bond is made deliberately in the first two weeks, with the mother and the trainer. Then later the one with the mother is broken. The trainer will always be the rescuer.

Persons the child might want to trust, such as non-offending parents, police, clergy, teachers, school counselors, therapists, and non-offending parents, are frequently impersonated by cult members who abuse the child.

If a child is being severely abused by a group, physicians are involved in the group to repair any physical damage. The group's doctor will ask the child what happened to her, then if she talks, will painfully rape and/or electroshock her, telling her that he doesn't believe her. Until these memories have been worked through, the survivor will resist medical exams after being abused in current life. Training not to trust police involves the child being called a perpetrator and put in a simulated jail where people in police uniforms or other "inmates" abuse her. In ritually abusive Satanic and occult groups, there is training against religion, including churches, ministers or pastors, and God. This training prevents the survivor reaching out to more positive religious groups for help. "God" and "Jesus" are frequently impersonated in very unpleasant ways when the child is very young.

Training not to trust therapists often involves the child being called "crazy" and put in a simulated mental hospital where she receives electroshock and strong antipsychotic medicine. Children are also trained not to look at therapists by therapist impersonators putting on devil masks and horns while they abuse the child. The training not to look at a therapist sets the stage for impersonation of the survivor's actual therapists in later life. Retraining of a client who is in therapy builds on the old training to interfere with relationships in therapy.

If the client is in current contact with the group, other behaviors may be triggered which disrupt therapy, such as falling asleep in session, or inability to speak. There are often alters who are trained to distract a therapist, so that he or she won't get to the important information. These are often "cute" child alters. They can waste a lot of a therapist's time. Others bring up current life issues. Watch for sudden changes of subject.

It takes time for an abused person to build trust, even when they have not been trained not to trust anyone and trained specifically not to trust therapists. Also, the client may well have been brought up with dissociative parents who change suddenly, so she will be expecting you to change as they do. The best antidote to the "Don't Trust" training is to be consistent, keep good boundaries, and keep caring about your client. There is no substitute for time in building trust.

6. Training To Discredit the Survivor and/or Therapist

False Memories: Training involves a lot of trickery. For example, the child is led to believe she has witnessed the murder of someone she knows, who has actually moved to live somewhere else. Or she sees someone being killed (an unregistered child or a doll) but is drugged and confused, and believes it to be whoever the group tells her it is. Never be sure that what a client reports to you is what actually happened. Remember that you are dealing with memories of child alters, who under conditions of drugs, hypnosis and torture experienced events involving deliberate falsification.

Cover Memories: The group deliberately simulates impossible or highly unlikely things, such as an abduction by aliens, and instructs certain alters to make the survivor remember these events if s/he starts to remember other group events. The key to dealing with such memories is treat them like any other memory, and when you process the entire memory you will discover where the tricks existed. For example, one of my clients discovered the "alien spaceship" was entered through a door in the cult training centre.

7. Training to Perpetrate

All ritually abused children are forced to harm and even kill animals and other people, and all adults are expected to return to the cult and participate in rituals in which people are hurt and killed. Mothers are trained to abuse their own children in specific ways. Mind control groups similarly train alters to kill, in particular producing "programmed assassins." Pornography groups train children to sexually perpetrate, often in sadistic ways, on other children. In ritual groups, children are frequently made to stab victims while an adult holds their hand over the knife. The sacrifice

may be actual or simulated, but the child believes it to be real.

One of the most difficult parts of work with survivors of such groups is working through the offender memories. What is appalling is the way in which offending groups will use the child's own empathy to teach her to offend. For example, a child refuses to kill a puppy and then sees someone kill a baby "because she refused to kill the puppy."

Perpetrator memories are real. Even if some of the murders are simulated rather than real, the survivor has had the experience of believing she was killing someone. For this reason, the guilt is real, and should not be minimized. It does help the survivor to discover the way in which she was trained to hurt and kill, so she realizes she did not just do it for the thrill of it. Often the alter who does these things is initially unaware that other people have feelings; once this alter has been through some memories of being hurt, she will develop empathy and will no longer be able to enjoy doing harm. It will take some time in therapy to work out ways to deal with the guilt, to experience forgiveness, and perhaps to forgive the offenders once the client recognizes she too is an offender.

8. Training for Discarded Survivors

At times a perpetrating group decides to discard an individual, often during adolescence. This may be because the person is too rebellious, or because she remembers too much of the abuse, or because she has gathered too much attention from therapists and agencies, or because her family is moving away from the perpetrators—or simply because her use by the group was time-limited, for example in child pornography. If a person is discarded, alters are given various trainings which will lead the person down a path of self-destruction. Trained alters are locked away in internal prisons, along with their memories. Alters destined for "real life" are trained in substance abuse and promiscuity. "Booby traps" of despair and suicidality are scheduled to go off a few years down the road. The person appears to choose a negative life path in her teens and to self-destruct, but it actually results from training by the perpetrator group, whose main concern is that the person not live long enough to remember and tell what has happened.

Part 3 : Psychotherapy with Survivors

In general, therapy with survivors of abuse by organized abuse follows the same general principles as any therapy with dissociative disorders. I am not going to reiterate all the things we have learned about dissociative disorder treatment, but shall emphasize some which are especially important

with this special kind of survivor.

It can seem overwhelming to the therapist to work with someone with so much trauma, and so much complicated training. Remember that each change, however, small, has an effect on the whole system and can make a real difference to someone who is experiencing intense suffering.

Stages of Psychotherapy

- establishing safety and beginning rapport and trust
- stabilization
- establishing rapport with dominant alters
- showing dominant alters how they've been deceived
- working through obedience training memories
- working through symptom-producing memories
- teaching client to work through his/her own memories
- developing a non-dissociative lifestyle

Stage 1—Establishing Trust and Safety

With this group, more than with other dissociative clients, there will be issues with trust and with safety. Much of what I have stated above describes why these issues exist. These clients have been taught as children that they can trust no one but the perpetrators. They have been taught that the perpetrators know everything they say and do, and that they will be destroyed if they talk. They have often been taught specifically that therapists will abuse them. They have often been taught to report their disclosures to representatives of the perpetrating groups.

With regard to trust, be patient. It takes time to convince survivors that you are not going to switch into another alter or ego state and abuse them next time they see you. It takes time to convince alters that you will not hurt them, as many of the alters have known nothing but abuse and betrayal. There is no substitute for time. Tell the client that you are not dissociative (if that's the case), and that there is no one else inside who you can switch to. They grew up with people who had many different ways of being. I cannot emphasize sufficiently the importance of establishing sufficient trust before you attempt to work with the memories. Otherwise you will trigger trained alters to engage in punishment procedures or to contact the perpetrators.

It is important to note that this is long-term psychotherapy; it takes years, probably a minimum of five years, depending on the complexity of the system. It often takes two or more years to establish enough trust for

the client to be able to disclose any important information. When a person's entire childhood has been filled with betrayal and deception, and she has been systematically coached to distrust people, this is not surprising.

Don't even take these clients on unless you can make a commitment for a period of several years. Funding should be available, or you should be prepared to do pro bono work for years after funding runs out. Not many people can afford ongoing psychotherapy for years.

Assessing the Client's Safety

With regard to the client's safety, it is important quite early in therapy to help the client assess her present safety. I remember my shock when my first three such clients, all at around the same time, discovered that they were still involved with the same perpetrating group!

I believe that a great many of the clients who have been deemed "unworkable" dissociative disorders, as well as those who recant and sue therapists, are organized abuse survivors who are being re-abused while in therapy. It is therefore of the utmost importance to make sure this doesn't happen. As soon as a client discloses organized abuse, ask the system whether any alters are still involved with the group. They may reply with finger signals so that the alter who lets you know is not identified by others in the system. Whether or not the client is still involved, therapeutic progress will be significantly impeded if she reports to the group on the content of the therapy sessions.

Maintaining the Client's Safety

The risk of reporting and returning is a very real one, and it exists from the start of therapy. It is of the utmost importance to disable the reporting before you begin talking about any memories.

If the client comes in announcing that they have been abused by an organized group, you may talk with them directly about reporting. Unfortunately, however, many clients come in without this awareness, and certainly without awareness of any current contact with the perpetrating group. In such a case you can perhaps emphasize two-way confidentiality—"What we do in therapy is private and confidential; I don't tell anyone about what we talk about, and I expect that no part of you will talk to anyone about it either."

If the client is aware that she is dissociative and has been abused by an organized group, you may ask whether there are any reporters inside, and if so whether they still know how to do their jobs. (If the perpetrating group has moved away, they may not have anyone to contact, so the client will

be safe). If there are active reporting alters who have someone in the outside world to report to, you need to speak with them. Ask them why the perpetrating group needs them to report if (as they believe) the group already knows what they would say. Explain that this is a trick, and that the only way the group knows what the person does or says is by the reporting. Assure her that you do care what happens to her, and that you don't want her to get in trouble, but the way to avoid trouble is to stop reporting. If the client assures you there is no current contact, be cautious—the part of her speaking with you may just be unaware that the contact exists. Don't you, the therapist, trust the client about this before the client trusts you enough to tell you the truth!

Ask her if she ever got in trouble before for something the group just seemed to know. If the answer is yes, tell her to "ask inside" about whether anyone inside told the group. The answer will again usually be yes. Other alters are not supposed to be aware of the reporters, and will be surprised that they exist. Once the client begins to question what the group told her, she may be willing to try disabling the reporting. Talk to the alters in charge of the system. (Don't worry if they refuse to come "out"; they are always listening, so just talk to them anyway). Tell them that they need to prevent the reporters from reporting, so that the client won't be harmed. You may suggest using existing training to put the reporters to sleep during therapy sessions or to make them forget the sessions. They may be able to substitute memories of previous insignificant therapy sessions in place of what really happened. One client of mine had the reporters report to the internal copies of the abusers rather than to the real people.

Remember that some alters return for rewards. Emphasize to them that there are rewards which the group cannot give: true love and friendship, and freedom. One integrated survivor wrote: "The good thing is that I now have freedom of body and soul. I cannot ever describe to you what a trapped soul feels like, but I can say this feels a hell of a lot better." Ask the alters who get hurt to show those who return for rewards what the punishment feels like. It is better to traumatize these alters with memories than for the whole person to be re-traumatized with new instances of abuse.

In the long run, you need to get the client to share internally the memories regarding how she was trained to return, to report, and to give the group access to her, so that all alters become aware of how she was deceived. Alters who believe the group knows everything need to be convinced that the group does not know everything. Alters who return to save someone need to learn that the group only hurts someone they love because they are present, and the person is less likely to be harmed if they

don't return than if they do. Also that the group is unlikely to harm outsiders, although they frequently threaten to do so, and that the group rarely, if ever, kills people who have a known identity and connections in the outside world; they only kill unregistered children and vagrants—people who will not be discovered to be missing.

How do you get the client to the point of willingness to test the veracity of what they have always believed? It takes time to establish trust in the therapeutic relationship, and sometimes, particularly if there is reporting or current contact with the group, this time isn't available. You can suggest internal sharing—e.g., for alters who believe a particular deception practiced by the group to ask internally if anyone knows how it was done. Often there are other alters who have this information and can communicate it internally without anything being told to anyone in the outside world. Some clients have programmed barriers to internal communication; others don't.

Re-Establishing the Client's Safety

What actually happens when a survivor who has disclosed group secrets is re-contacted by the group? The survivor describes it as "getting into trouble." This means that as a minimum she is drugged, tortured, and raped. She may be forced to repeat her loyalty vows and to harm someone else to prove her loyalty. Various "lessons" she learned as a child will be repeated. In addition, alters will be commanded to carry out their jobs of self-harm, acting crazy, making the client ill, or anything else which will continue the punishment when the survivor is returned to real life. Disloyal alters may be replaced in their jobs with backups who are loyal to the group.

You can see that the access training is quite complex. It is usually held by child alters. It is important for the client's personality system to identify these alters and prevent them taking over the body until they no longer have to do their jobs. Access training is only a problem if the client is known to the local cult, which takes us back to disabling the reporting. I had a client who was not being harassed by the cult until she disclosed some of the abuse to her pastor (before I knew her), and an alter promptly did his job of reporting. She has been harassed ever since.

If your client is local, and the perpetrating group is still active, you could have a major problem with continued access. I do not have a "quick fix" for this problem. Just persist in therapy, process memories of any perpetrator re-contacts as soon as they happen, and as soon as possible work through the memories of the access training so that the triggers will no longer work. I have seen the intensity of the re-contacts grow, as the cli-

ent becomes increasingly disloyal to the group. They have progressed from reinforcing lessons when an alter returns voluntarily, to kidnapping her off the street and instructing her how to kill herself, to attempting to murder her and make it look like suicide. It is important to have safe police contacts in cases such as the latter, and to work through memories which prevent the client from talking to police. Do not assume that any police will necessarily be helpful; sometimes the police officers who volunteer to deal with this kind of case are those who have some involvement with the perpetrating group.

It's important for a therapist to be aware that he or she may be impersonated by a member of the perpetrating group, especially if the client is local. Some group members have alters trained to mimic and even believe they are other people who look somewhat like them, and these alters are used to impersonate current therapists and abuse drugged clients. It will be done in your office, if possible, and of course the perpetrating groups have locksmiths. A monitored alarm system is your best protection against it happening in your office, but does not prevent your office as well as you being simulated.

If your client suddenly becomes hostile or afraid of you or your office, suspect impersonation. If your client comes up with "memories" of seeing you when you are on holiday, or being abused by you, or having an argument with you—anything which you know did not happen—suspect that access is happening and you are being impersonated.

If you know that there is current group contact, have the client select something in your physical appearance, voice, or even odor, by which she will be able to recognize to tell you apart from the impersonator. Good therapeutic boundaries are also important in order to minimize the danger of the client believing that the impersonator is you. Tell the client that you will not call her at home unless you are returning her call, and that you will never just drop by her home. Do not give your client your home phone number, or you may find that alters trained to harass you may be calling at all hours of the night. If the client tries to seduce you, document it and tell a colleague immediately.

If your client has been abused by someone impersonating you, it is important to work through the memory as soon as possible; otherwise the client will continue to believe that you abused her, and may drop out of therapy or accuse you of abuse. If she is afraid to be alone with you, have her bring in a support person while the memory of the re-abuse is accessed.

Maintaining Your Own Safety

Do not believe threats made via the client regarding the physical safety of yourself or your family. Perpetrating groups rarely, if ever, physically harm therapists or their families. However, they may want to make the client believe that you will be harmed if she does not return. Tell her that is not the case, and work through the issue until she understands it. You may choose for your own safety to write down information you know about identities of perpetrators and actual crimes, and give it to a third party who is instructed to give it to the police and the press if anything happens to you. Then tell the client you have done that. She will send the message back to the group.

You are, however, much more at risk for complaints to your professional association and (particularly in the U.S.) lawsuits. Obviously you will abstain from leading questions. If you document what you have been told by the client, remember that you may never know what actually happened. Not everything the client remembers is literally true. These groups use trickery, stage magic, drugs and hypnosis to create memories of events which never happened as the child remembers them, including both possible and impossible events. It is possible to believe the child has been abused by such a group while not believing everything the client believes about what happened. It helps to ask alters to ask the rest of the system if they know what tricks were used. Often there are older alters who know the trickery behind the false memories, and can help the others see through it.

Many other experts, such as Alan Scheflin and Laura Brown, have given us detailed guidelines for protecting ourselves from false memory syndrome accusations. Follow their advice, and remember that FMS (false memory syndrome) accusations are much more common in cases of alleged ritual abuse than in cases of non-ritually created DID.

Stage 2—Stabilization

This stage takes as long as it takes. Establishing boundaries, working with medical personnel on medication and other health issues, and dealing with dramatic presenting problems such as self-injury and substance abuse belong to this stage. Often unstable behaviors result from premature disclosures of abuses which were supposed to be kept secret. Do not work on any memories until and unless the client is ready! Especially with clients abused by organized groups, premature memory work will only provoke destabilizing symptoms. Teach the client how to close down flashbacks, and do not ask her the content of them. Standard "safe place" work is very

helpful, as well as teaching the client to deliberately dissociate unbearable feelings and flashbacks into some kind of internal container.

Stage 3— Establishing Rapport with Dominant Alters

Remember that the system of the survivor of organized abuse is a hierarchy. Before you can do effective work with it, you need to work your way up the system to speak with the alters at the top (or down to those at the bottom; sometimes Satanic systems have the authority at the bottom). These alters recognize authority and, paradoxically, like to be recognized as the authorities in the system. They are often quite lonely if they have been out of contact with the perpetrating group for some time. But they will not speak with you immediately. They will send you their minions, beginning with the lowest ranks. It is important to treat all presenting alters with kindness, compassion and respect, as those in charge are watching to see whether they can trust you. Don't spend a lot of time mapping out the alter system; it is likely to be very complex, and those in charge would be glad to waste your time doing this as then you will not get to the significant information. And don't spend a lot of time getting to know "Little Susie," as there may turn out to be dozens or even hundreds of child alters who can soak up your attention without the client improving significantly. Help them make friends inside, and teach the host and internal helpers how to meet their needs, so that you don't have to do this yourself.

Stage 4—Showing Dominant Alters How They Have Been Deceived

Tell the system throughout your work that the group to whom the hierarchy is loyal has deceived them and hurt them. Then dialogue with them about how this has happened, asking them to ask other parts of the system to show them what has been done. The alters at the top have the power to make the others give them information, and they will be surprised, shocked, and saddened at the kind of information they get! They often think they have not been abused, sometimes because they believe they have different bodies. It is quite a shock to them to learn how they were created.

Recognize how difficult it is for alters who have been raised in such a group to leave it. It has been their community, it usually includes their family, and many of them have been rewarded well for their loyalty without being abused. Their entire support system is being abandoned! If they are from a ritually abusing group, it is also their religion. Some cult groups

have a very strong belief in magik. It is an actual religion, and you are not going to just get rid of ingrained beliefs overnight. Satanism is just as powerful an upbringing as, for example, Catholicism. Satanic beliefs teach the individual that she is powerful, and in therapy she may feel she has lost all her power and become depressed. If someone has spent her entire upbringing learning that Satan or Lucifer will reward her for being "good" and punish her for being "bad" (disobedient), it will take quite a while to remove this conditioning. Many therapists ignore the religion and magik, but it cannot be ignored, any more than any other important aspect of the training. Leaving it out is like removing only part of a cancerous tumor; it will eventually grow back and spread its infection throughout the system.

Stage 5—Working Through Obedience and Loyalty Training Memories

Once you have the trust of the alters in charge of the system, you begin memory work systematically, starting with their memories of being trained in obedience and loyalty.

Example

One client I have been working with for a few months had been to two other therapists. She told me that she had a personality system divided into left and right sides, and headed on the left side (deliberately structured by her Satanist abusers) by several alters named "Satan," a copy of her mother, and a High Priestess. Although the previous therapists believed in DID and in organized abuse, they tended to side with the host and the frightened "right side" alters against the left side. The host acquired considerable strength, and was able to prevent the left side alters from returning to the abusers, who lived far away. But the system was divided against itself and was not getting better. One previous therapist had feared the left side alters and eventually fired the client because she believed she had been poisoned by some ritual abuse survivor, so the client's belief that therapists would reject her came true. The next therapist was a psychiatrist who used medication to stabilize self-harm incidents and depression but did not work with the personality system. When the child alters began flooding with abuse memories, she suggested the host listen to these memories, which would have made things worse.

This client was aware of the nature of her abuse, but did not know what to do except continue her internal conflict. I told her I wanted to work with the alters on the left side, since no one else had. I established that the client was currently safe, and I asked the system head (via the

presenting alter) to hold off on reporting for some time, promising that they would not be harmed and the group would not know what they were disclosing. I began gradually to talk with the lowest-ranked ones, who were soldiers. They expressed their distrust of all therapists, and I sympathized with them, encouraged them to test me out, and told them they had been deceived about the nature of the group they worked for. When they doubted this, I asked them to ask other alters about the kind of things the group had done to them. They expressed concern that Satan's eyes were always watching them; I asked if anyone else inside could show them the trickery involved in this, and they discovered that it was flashlights!

Gradually I moved up the hierarchy, as each layer became convinced that perhaps I could help them, so the next layer came to talk to me to tell me to stop interfering. I worked my way up to the Satans, who were all afraid of Satan 6. When I met Satan 6, he was a frightened pain holder who gave his pain to others who were disobedient; I let the other Satans know. Next I encountered the Mother, who also turned out to be a pain holder, and shared the memory of her pain with the Satans. Then came the High Priestess, who was boastful about her power. While she was talking to me she became increasingly drugged, and we discovered that another alter, the Druggist, was punishing her with drugs because she was talking. She was shocked at having been deceived into thinking she was the system head when another alter had control of her. We then worked through the memory of the Druggist's basic training. After this I took a holiday, and the system became afraid that I would leave them and/or tell the perpetrators. We processed the memory of an extreme punishment of child alters for telling a teacher that "stuff happened" at home. I ran into resistance, and discovered that rather than the high priestess I'd worked with being in charge of the personality system, there were nine layers, each headed by a high priestess. So I went directly to High Priestess 9, who had authority over all layers, and helped her see how she had been deceived. Once we had worked through her basic training memories she was able to convince the rest of the system to cooperate in working through the memories and getting free.

Stage 6—Working Through Symptom-producing Memories

This is a continuation of the memory work phase of therapy, with memories of training and abuse being processed systematically with the aid of the internal recorders in selecting the memories which jeopardize the client's safety or cause significant distress.

Memory Work That Works

Here's a summary of how I work with memories in a survivor of organized abuse: First, I do not work with flashbacks. A flashback is a repetitive loop which re-abuses the client rather than helping her. I prefer to use a carefully controlled memory reconstitution process. In my experience, flashbacks are partially remembered memories trying unsuccessfully to complete themselves, usually because one or more alters don't want to remember. I do not "chase flashbacks," but instead teach the client how to close them down and store the memories for future work. I ask the recorder alters to select the memories that are crucial to making the client safe and competent, and we go through them systematically.

I do not attempt to process any memory until and unless all alters involved in that memory are in agreement with the process and willing to go ahead. This is crucial. I've frequently had the experience of one alter holding back a little tiny portion of a memory, and the flashbacks increased. However, if all alters put in their parts, the memory is resolved, and becomes just "something that happened" that is part of knowledge rather than being continuously relived. With survivors of organized abuse, alters who have parts of the same training memory are often deliberately placed in different places in the system structure in order that they cannot work through that memory. The observer/recorder alters know how to find them, and usually have a record of which alters are in each memory. Recycler alters must also be included, to put in their parts; they have been deliberately instructed to hold these back so that memory work cannot destroy the effects of training. (In cases of spontaneous abuse, ongoing flashbacks are also often caused by some small dissociated part of the memory making it impossible to complete processing).

I titrate the memory. Begin by dissociating feelings, physical pain, drugs, and anything else which might be disturbing into an imaginary container. Then all involved alters (the host doesn't have to be there) "watch and listen to the video." Make sure the soundtrack is present; some organized abusers actually instruct alters to hide the soundtrack, and if it's hidden the memory won't be resolved. Find the alters who have the soundtrack if it's missing. Also make sure the memory starts at the beginning, in "normal" life, and goes to the end, again in "normal" life; don't start in the middle of trauma. And include the recovery period if there is severe physical damage.

After the client goes through the video, hopefully narrating as she goes, I have her repeat the process on fast-forward as many times as is necessary to add the feelings (physical and emotional) a bit at a time. When

all feelings have been added, I instruct the client to put the memory into a container. I say: "Put in everything you saw, everything you heard, everything you tasted or smelled, everything you felt in any part of your body, and everything you felt in any part of your feelings." I say this very slowly, and sometimes elaborate on parts of it, depending on the memory, e.g., "all the sounds, all the words, all the screams, all the drugs, all the singing..." At the end I have a symbolic cleansing from any remaining feelings from the memory (e.g., in a waterfall or a stream of light). During this process I invite any parts (alters) who no longer need to remain separate to enter the stream and allow it to wash away the barriers between them. Alters integrate naturally at this time.

At the end, I leave sufficient time for cognitive and emotional processing of the implications of the memory. A complete memory processing including this takes about two hours with most clients. If the client's appointment is too short for this, I will alternate memory work sessions with cognitive sessions.

Special Issues in Memory Processing

a) Incidental Training—Incidental training happens by accident. For instance in the middle of a training session, someone turns on a radio, or a car horn honks outside. This ends up integrated into the training session, but is often forgotten or left out while trying to break down a program, and the therapist can't figure out why things just aren't working. Incidental training is often not even in the room with a person. It is the white noise in the background that most people don't even notice, because they are too busy concentrating on what's happening in the room with them. Incidental training must also be included in the memory work.

b) Infant Memories A lot of the abuse in multi-generational groups or by mind control agencies starts in babyhood, when the first alters are deliberately split off. There will be baby alters inside the survivor who hold infant memories of this abuse. The memories will not be experienced as logical narratives, but as physical and emotional sensations. There will also be infant memories of neglect, spinning, and other unpleasant experiences, some of them deliberately induced, and some of them just random abuse which tends to happen in dysfunctional families. Parents in cult families are instructed how to hurt the child (as punishment for such behaviors as crying) without marking it, e.g., putting the child's hand over radiant heat, or burning internally with a tiny probe. They also have to gradually increase a girl baby's vaginal opening (and every baby's anus) with fingers and dildos. It is impossible for a survivor of this kind of early abuse to com-

pletely integrate without working through the infant memories.

By locating the infant alters, and having other alters assist them in letting their memories flow, infant memories can be worked through. A survivor and former trainer who worked through her infant memories wrote "Baby memories are iffy at best. Because they occur when you are at a place when life is still a complete mystery, it is best to just take what you see as real. When traveling back to baby years, don't try to understand, just experience, and let it go. These are the hardest to get at, but the easiest to let go of. You have no verbal way of explaining what you feel or go through. It is stupid to try to get the person to talk about what they felt or saw, because it is impossible to really verbalize the experience. Besides, it wastes a large amount of time trying to put it into words. Processing these memories is essential for total integration, but it is something that can be done very quickly if you just let the person do it without verbal interference. Baby memories phase in and out because babies phase in and out during the experience. They are not like a five-year-old who remembers hours of torture. Babies only take in small parts of memories. That's why trainers for babies use short quick things, rather than long drawn out things. What takes a five year old 24 hours to break only takes a baby a few minutes."

Stage 7—Teaching the Client to Work Through Her Own Memories

These survivors have experienced a horrendous amount of abuse, and if every abuse memory had to be worked through with the therapist, it would take forever. Memories of the same type can be processed in extended sessions with several memories at once. Memories which are not too complex or difficult can be processed by the client alone, once she has got the hang of it. Alters participating in the memory may have to regress, but other alters can monitor their progress and bring them out of the memory when it is completed, either by doing something internally or by performing some outward action such as ringing a bell. Or the survivor can set an alarm to startle them back to consciousness after a specific period of time. Of course, not all survivors will choose to work through all their memories and integrate. But if they choose not to, survivors of organized abuse may well be vulnerable to re-contact by a perpetrating group.

Stage 8—Developing a Non-Dissociative Lifestyle

This is the essence of post-integration therapy. It also occurs prior to integration, when the alters are becoming increasingly co-conscious. The

client needs to live as a complex person in the world, experiencing ambivalence and making decisions by weighing all alternatives. Don't forget that survivors are people with lives outside the group that must also be dealt with. They have to hold jobs, or go home to abusive spouses, or find ways to feed their children. They need to learn skills to cope with everyday life and relationships, skills they may not have developed because of dissociation. This is a very challenging population. We need to understand the kind of training experiences they have been through and the way their personality systems work, and tailor work to their specific needs.

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Chapter 18

Ritual Abuse Survivors: Diverse, Yet Similar

Jean M. Riseman

I'm a survivor of ritual abuse and early mind control experimentation. I'm also an unlikely activist: a shy, insecure woman raised to live my life politely and inconspicuously. This is both because girls raised in the 1940's and 1950's were supposed to grow up to live in men's shadows and because families that practice ritual abuse do not like to have attention directed toward them. However, I opened my mouth in outrage the day after my first flashback and I haven't shut it since.

Because of my activism, I must have had contact with well over a thousand survivors of ritual abuse over the past fifteen years. Sometimes it was a brief contact by e-mail or at a conference; sometimes it turned into a friendship that has lasted for years. My motivation wasn't to help people, although that was wonderful when it happened. I reached out to others to feel less crazy, to be among people who had seen what I had seen, felt what I felt, knew what I knew. For the first time in my life I felt like a human being, not some mutant alien from outer space. I belonged somewhere, and it was glorious.

Because of the number of survivors I have met and the range of different settings I have met them in, I feel I have a pretty good overview of what survivors have lived through and of their present-day lives. The people I have met are in no way a random sample of adults who have suffered ritual abuse. I have never met any of the large number of people who do not remember their abuse, remember their abuse but have not put a name to it, do not know how to contact others who have lived through ritual abuse, or are too frightened to reach out to others. I have met very, very few people who I suspected were still cult-active and none that would admit it. So I form my impressions only from those who are brave enough to face their pasts and resilient enough to name themselves survivors.

Most people, if they have even heard of ritual abuse, believe that they don't know anybody who has experienced it because it's so rare and exotic. Sometimes they truly don't. More often, they probably do, but they don't know it. Unfortunately ritual abuse is not really rare and exotic; it's just well hidden. My best guess is that perhaps 0.5% percent of the population of the United States and Canada have been ritually abused. I don't

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know about other countries and I can't back this up with documentation because people who ritually abuse children don't leave paper trails. If this figure seems outrageously high, remember that fifty years ago experts believed that incest occurred in only one or two out of a million families.

Demographics

Caryn StarDancer of Survivorship, a non-profit organization that supports ritual abuse survivors and their allies, did a survey asking people about the ideologies under which they had been abused (StarDancer, 1994) It yielded 506 responses. People reported being abused in every state in the United States, and in rural areas, small towns, and cities across the United States and Canada. There were also reports of abuse in Argentina, Austria, Brazil, Denmark, Ecuador, England, Germany, Guatemala, Iceland, Japan, Mexico, The Netherlands, Paraguay, Puerto Rico, Turkey, St. Kitts, and Scotland. The ideology most cited was satanism, followed by Christianity and paganism. This may be misleading, as satanism inverts both paganism and Christianity, and it was impossible to tell if people were describing satanism in more detail or were abused in a separate Christian or pagan cult. The next most cited was ritual abuse. Other ideologies reported were: government/military; Masonic; Nazi; neo-Nazi; White supremacist groups; Catholicism; Afro-Caribbean religions; and organized crime, including child prostitution and pornography. Since Survivorship's membership was predominantly American and Canadian, Asian, African, and Afro-Caribbean ideologies were probably under-represented. Ritual abuse, in one form or another, occurs everywhere.

So what do we ritual abuse survivors look like? Most striking, we are at least 80% female. Roughly equal numbers of boys and girls are born into ritually abusing families, but far more women identify as survivors who have remembered their upbringing and rejected it. This is probably due to an interplay of factors within the cults and within society as a whole. Boys are raised differently in cults and men hold the majority of positions of power. It would make sense that men might find it harder to leave. And women are more likely to seek mental health services or self-help groups than men, who find it harder to ask for help and to say that they are depressed or anxious.

Survivorship conducted a smaller survey (Riseman, 2004) comparing the brothers and sisters of survivors. Data was collected on 27 men and 48 women. It suggested that men born into cults are not dead, in prison, or in the armed forces. On the contrary, they are more likely to be employed,

more likely to be married, and no more likely than women to suffer from addictions. They are, however, far less likely to identify themselves as survivors. Whether this is because they are still cult active, whether they haven't remembered their abuse, or whether they know about it but keep it to themselves, we don't know.

The survivor community is also predominantly white. Some people assume that satanism is confined to people of European descent, but almost all the people of color I have met were abused under satanism. The very first survivor I met, three weeks after I realized what my background was, was black and came from a recently formed inter-racial branch of satanism. I've met people from Central America and Mexico whose parents were satanists and it appears that satanism was introduced into the Native American population through the boarding schools. My guess is that if survivors who are people of color weren't put off by the homogeneity of the survivor community we would not think of satanism as a White phenomenon.

As a rule, we appear to be middle class. We are well educated, and those with working class parents are usually upwardly mobile. Survivors tend to be highly intelligent; our I.Q. bell curve seems to be displaced upwards by about fifteen to twenty points. Some believe that the cults selectively breed for intelligence; others believe that only the highly intelligent survive their childhoods. I don't know what the reason is, but as a group we are bright and creative. Despite intelligence and talents, many, many survivors are impoverished due to the aftereffects of childhood torture and to present-day harassment. Many people are forced to apply for disability, especially in the early years of their recovery when they are flooded by flashbacks. Others continue to work, but have trouble keeping jobs, are under-employed, or employed part-time. It's very hard to hold down a good job if you never know when you are going to switch into a child alter or if the sight of your employer triggers images of your abuser. Those who are stalked by their perpetrators move often and lead lives of extraordinarily high stress, which also leads to under-employment

Types of Abuse

Most ritual abuse is perpetrated in the name of some ideology, with the aim of making the child believe in and adhere to that ideology. As the Survivorship survey indicates, the most common ideology used in the United States and Canada is satanism. Children are abused in order to teach them to be "good little satanists" and loyal members of the group, as well as for the perverse pleasure of the adults. There are also cruel, inverted forms of Mormonism, Catholicism, other de-

nominations of Christianity, Judaism, and various forms of paganism.

Any religion can be subverted in this way. Afro-Caribbean religions sometimes use children (and adults) abusively in certain black magic rites, but they generally don't have a codified inverted religion (Kail, 2004). Non-religious ideologies that sometimes employ ritual abuse include White supremacy, some neo-Nazi groups, fraternal organizations, and subsets of government and military agencies. (Multiplicity and amnesia can be exploited and manipulated for the creation of spies, couriers, and people used unknowingly in a whole range of "black ops.")

A few groups don't have any ideology except hedonism in the form of pedophilia and sadomasochism. They do many of the things that ideological groups do, but they seem to do it just for the sake of doing it or to make money from pornography, prostitution, and blackmail. There is a tremendous amount of money to be made in child pornography and prostitution, and this illegal market is growing, thanks to marketing on the Internet.

The question arises: do these groups really believe the ideology, or do they cynically use it to frighten and control the children? My feeling is that there is a spectrum, with people who believe deeply on one end and those who just go through the motions for their own benefit on the other. In either case, it has the same effect on the children, who do believe what they are told.

Most ritual abuse survivors report being abused by their biological or adopted families and by groups that their families belong to. A smaller number were abused in daycare settings, boarding schools, hospitals, or by neighbors. Almost all the people I have met who were recruited into cults as teenagers subsequently recalled being abused as children. It's almost as if they were rebelling, but not straying too far from the beliefs that were instilled in them as children.

Details of the abuse vary from group to group, but general categories of abuse are extremely consistent across groups. Ritual abuse always involves severe (to the point of torture), repeated, systematic, physical abuse. In practically all cases it also involves child sexual abuse. It almost always occurs on particular dates that are important to the group and in a fixed, proscribed manner consistent with the group's ideology. Children are trained in developmentally appropriate ways to conform to group mores and they progress though this training in stages. Since children are expected to become abusing members of the groups when adults, the training focuses on harming others physically and sexually. This instills an unbearable burden of guilt in the children.

Almost all survivors report the torture and sacrifice of animals, either ritually or for training purposes. Often the children are allowed to have pets

and to become close to them; they are then forced to watch their pet being sacrificed or made to kill the animal themselves. Often the blood of sacrifices is drunk or the flesh eaten raw. Many people report having witnessed or participated in the abortion of fetuses and the murder of babies, older children, and adults. The human bodies are treated as the animal sacrifices.

There is controversy over how often human sacrifices occur. My intuition tells me that sometimes children are deceived into believing a murder occurred when it did not. The impact on the child, of course, is the same, whether it was an actual or staged murder. Other times undocumented people are killed or the murder is hidden with a false death certificate. *Satan's High Priest* (Spencer, 1997) describes how this can take place.

Certain groups employ very sophisticated methods of torture using the latest technologies. As there is considerable overlap between groups, knowledge of these methods gets passed along. Electroshock is commonly used, as are interrogation methods developed to obtain information from prisoners of war. Classic methods include sleep deprivation, withholding food and water, confinement for long period of time in small, dark spaces, and the use of various drugs.

Survivors who report having been abused in government/military settings or used in medial experimentation describe the most extreme and bizarre methods of torture. It appears that at times the goal is to study the effects of cutting-edge technology on humans and that at other times the technology is used as a training/torture tool. Several decades ago, survivors were reporting the use of non-lethal weapons that the public is only now learning about. Some also report being used in ESP experiments (e.g., remote viewing), radiation experiments, and in a continuation of experiments performed in the Nazi concentration camps.

It is really chilling to hear similar stories from people who have never met and who came from different geographic areas, sometimes thousands of miles apart. I used to think that ritual abuse was conducted by isolated groups of deviants, but I can no longer sustain that wishful belief. It is also chilling in a different way to learn of two people who were abused by the same group as children, are separated, and who meet as adults and confirm each other's memories.

Effects of Ritual Abuse

The two most prominent results of ritual abuse are a profound, abiding sense of guilt and extremely disturbed self-image. Survivors have been brainwashed from a very early age to believe that they are evil to the core and that there is nothing they can do to change. They feel

that what they have endured was their fault, and that they deserved it because they were innately bad. They feel responsible not only for what they were forced to do, but for what they witnessed and were not able to prevent. They feel omnipotent and totally powerless at the same time: omnipotent, because they were taught that all the horrible things that happened were their fault and powerless, because they were, in fact, unable to escape or stop the atrocities. They feel broken, defective, and different from others. They do not value, or even recognize, their own strength and talents and they have a great deal of trouble trusting themselves or others. Why should they? All their early experiences showed them that trust was totally misplaced.

Some children react by trying to be as compliant as possible and developing an acceptable social façade. These children grow up to be overachievers, getting good marks in school and blending into society. Inside, they are bewildered and terrified of being found out. Others react by "acting out" and getting into constant trouble. At least their experience is congruent; they are out of control in the abusive setting and out of control in society. Neither group can articulate their feelings, describe what is happening to them, or elicit help.

With the depth of pain survivors carry inside, it is little wonder that addictions are common in this group. Many were given drugs or alcohol as part of the abuse. Many report extremely bizarre eating experiences within the abusive setting. Survivorship found that 68% of survey respondents suffered from eating disorders (Riseman, 2002). Addictions serve to create an effective distraction from the past as well as to temporarily dull the pain.

Severe childhood abuse sets people up for health problems later in life. The immune system seems especially sensitive to trauma early in life and physical injuries lead to arthritis and other long-term consequences. Chronic fatigue syndrome, fibromyalgia, allergies, and chemical sensitivity seem to be common among ritual abuse survivors, as well, of course, as depression and anxiety disorders. Most survivors, at some point in their adult lives (if not for all their lives), suffer the symptoms of posttraumatic stress disorder, with flashbacks, intrusive thoughts, and hyper-reactivity.

Dissociation, the ability to separate parts of an experience and separate oneself from the experience, is universal. Dissociation is a natural, adaptive reaction to overwhelming stress, and allows one to survive at the time. When a child is forced to dissociate repeatedly, it becomes a dominant mental and emotional mechanism. Later on in life, any event,

stressful or not, is experienced through the lens of dissociation.

Like dissociation, amnesia is practically universal among ritual abuse survivors. The horrendous experiences are repressed or tucked away in a suppressed alter and are no longer consciously available in everyday life. And like dissociation, amnesia generalizes to situations that are not life threatening. After a short period of time, for example, I can no longer remember if I paid my taxes or ate breakfast today, nor can I remember people I just met. The information is just gone; where, I do not know, but I do know it's inaccessible to me.

Ritually abusive groups cultivate dissociation and forgetting. Children are told, "This did not happen," "This happened to somebody else, not you," "That was a dream," or "Remember to forget this." What you can't remember can't be revealed, and the group's secrecy is preserved. The stereotype is that all ritual abuse survivors are classic multiples, with Eve of *Three Faces of Eve* being the model. They supposedly have a small number of alternate personalities, or alters, who lead separate lives and who don't know about each other. There is a host alter, usually a conservative law-abiding citizen, a more impulsive, often sexualized alter, and perhaps a couple of child alters. In reality, very few of us fit that stereotype.

Most survivors who consider themselves multiple have dozens or even hundreds of parts, some more fully formed than others. These parts are different ages, have different characteristics and functions, and some may be of different genders or sexual orientations. Some parts may even be animals or inanimate objects. They are organized into an internal society with its own rules of interaction. Often, there is an internal landscape, or several of them, which the alters inhabit. The internal organization differs markedly from person to person. I've never met two people who had exactly the same internal organization, although some features, such as meadows or certain geometric shapes, show up frequently.

Sometimes there are strong amnestic barriers that separate alters: for instance, two alters may know nothing whatsoever about each other, not even that the other one exists. Sometimes the amnestic barriers aren't as strong, and alters have a vague sense of each other. Sometimes the barriers become stronger and weaker, or even disappear for a while. In this case, alters will know all about each other at one point in time and have no idea the other one exists at another time. You can see why the *Three Faces of Eve* model doesn't always fit very well.

If there are no amnestic barriers at all between alters they are said to be co-conscious. There are often clear rules about what parts are allowed to be co-conscious under what conditions. I have three or four groups

of parts who drive, for example. Each member of a group is very tuned into the other members, but only when busy driving. Otherwise they are separate and unaware. Each group is vaguely aware of the other groups but not in touch with them. And each group is aware of other parts of me that might be around when I'm driving, parts that daydream or listen to the radio.

In the driving example, alters are defined by the task they do in the every-day world. Alters can also be defined by a cult-assigned task, or by a particular emotion, or by a relationship to a person or institution. The memory of the abuse is often distributed among those alters who were formed or present when the abuse occurred. Amnesia for the abuse disappears if these alters become co-conscious with alters that are normally present. The *Diagnostic and Statistical Manual of the American Psychiatric Association, Fourth Edition, Text Revision* (DSM-IV-TR, 2002) defines Dissociative Identity Disorder (DID) (300.14) as A. The presence of two or more distinct identities or personality states. B. At least two of these identities or personality states recurrently take control of the person's behavior. C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness" (p. 526–529). This definition is broad enough to include people with only two alters and those with thousands, commonly called polyfragmented multiples. Ritual abuse survivors who don't see themselves as multiple often say, "Oh, I am DDNOS (Dissociative Disorder Not Otherwise Specified)." Actually, they may fit better under the category of Dissociative Amnesia (300.12), which is defined as: "The predominant disturbance is one or more episodes of inability to recall important personal information, usually of a traumatic or stressful nature, that is too extensive to be explained by ordinary forgetfulness" (p. 5520-523). I've met a couple of people who thought they remembered all their abuse, but found that they had, indeed, forgotten whole segments of it. The only people I have met or heard of (and there were extremely few) who had continuous complete memory of their experiences came to ritual abuse as adults. It seems that it is just too horrendous for a child to hold in the mind.

The definition of DDNOS (300.15) starts off sounding like a variant of DID: "1. Clinical presentations similar to Dissociative Identity Disorder that fail to meet full criteria for this disorder. Examples include presentations in which a) there are not two or more distinct personality states, or b) amnesia for important personal information does not occur." It also includes "2. Derealization unaccompanied by depersonalization in adults. 3. States of dissociation that occur in in-

dividuals who have been subjected to periods of prolonged and intense coercive persuasion (e.g., brainwashing, thought reform, or indoctrination while captive). 4. Dissociative trance disorder: single or episodic disturbances in the state of consciousness, identity, or memory that are indigenous to particular locations and cultures (Possession states)" (DSM-IV, 2002, pp. 532-533). While these definitions apply to many survivors, they don't adequately describe the most salient features of our internal lives, the compartmentalization and fragmentation that severe trauma causes.

Why is there such diversity among internal systems? Nature and nurture, if you can call it nurture. Children inherit temperament and intelligence, and they also inherit the propensity to dissociate to various degrees. Some children who are raised without abuse are more present, more in-the-moment, while others are more day-dreamy and drifty. Chances are a child who innately dissociates easily will develop alters sooner while being abused and will develop more alters over-all. Children who are creative and imaginative may well create unusual alters and their alters may have a vividness and richness that alters of less imaginative children lack.

The alters that traumatized children spontaneously create are, of course, shaped by the culture they live in. An American child isn't going to create a Santa Claus-type alter with the Dutch name Sinter Klaus, for example. The model for the alter must come from the child's environment. If the child's environment includes satanism or Santeria, you would expect to find some alters modeled on figures or ideas that are prominent in those belief systems. Adult perpetrators also shape alters, more or less on purpose. They may call a child by different names in situations where they expect different types of behavior. "Princess," "Gypsy Rose," or "Evil Bitch" may be the names of alters with very specific roles to fulfill.

In the type of abuse that survivors generally call "mind control," the adults spend a great deal of time and energy in shaping alters and arranging them internally. The resulting systems can look like elaborate video games. Corydon Hammond described one such system based on the Kabala (1994), Hilgers and Monday (1994) described carousels, matrixes, and castles, and I've described geometric shapes (Riseman, 2002). Some survivors of mind control experimentation have several such complicated systems, layered one upon the other. They are designed to contain specially trained alters who can only be summoned by a special code known only to a few people.

Conclusion

There are so many unanswered questions about ritual abuse and ritual abuse survivors. Historical and social questions—How far back in time do these groups go? Which groups interacted with other groups and how did they influence them? How much cooperation, communication and networking is there between groups? How much competition?

Psychological questions—Why do some people become multiple and others not? Where is repressed information held, if not in an alter? Why do some people remember and others don't? Why do some people turn their backs on their abusers, while others grow up to join them? What factors determine whether a survivor suicides?

Recovery questions—What is the most effective way of dealing with complex programming? Are there general principles of therapy that apply across this population? How can a therapist encourage trust, often for the first time in a survivor's life? How can a survivor tell if he or she is in flashback or not?

These questions, and hundreds of others, beg to be asked and answered through research. I know from experience that ritual abuse survivors are generous with the information they have and eager to teach the world about their experiences. What is needed are investigators who are generous with their time and curiosity and organizations that are generous with financial and concrete support. There is much to be learned about the extremes of human resilience, creativity, courage, and kindness from survivors, as well as much about the extremes of human cruelty.

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Chapter 19

Patterns in Mind-Control: A First Person Account

Trish Fotheringham

I was raised as a demonstration model for mind-control techniques designed to provide the latest, most marketable form of human slavery of the time. I do not know the identity of the group who "programmed" me but it clearly had a political agenda. From my birth in 1960, I was subjected to daily trainings and exploitations designed to create dissociated identities or alternate personalities (hereafter referred to as "alters") that could be programmed according to the needs of the buyer(s). This programming was instilled through the use of mind-control techniques, including ritual abuse-torture, built layer upon layer to form specific patterns of behavior within an alter, resulting in alters that were meant to be perfectly controllable "slaves."

As a demonstration model, I was trained to exhibit a multitude of personality profiles, any of which could be individually defined and selected for purchase and creation in others. The conflicting programs involved caused an increased need for adjustments and fine-tuning, with program deterioration and eventual breakdown inevitable, at which point I was outcast and discarded (essentially a "built-in expiry date"). It was this conflicting training that enabled me to eventually break the programming bonds and bypass the "failsafe" programs.

My alters were trained for a variety of uses. I was rented as a child sex slave for individual pedophiles and cults, as well as pedophile rings, orgies, rituals, child pornography and snuff films. Other uses included writing the abusers' words, preaching their agendas, recruiting others, training other young children, triggering others to action, recording, reporting, stealing, spying, drug and arms trafficking, and other common criminal activities.

After an intensive seventeen-year healing journey, I've now come to recognize consistent patterns in the intricately planned and orchestrated trainings forced upon me, in the feelings, behaviors, thoughts and beliefs I was left with, and in those I see in others and throughout society. To explain these patterns, here is my true story of the "color-coded training" I received as a demonstration model during the years 1960 through 1979

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in a mid-sized Canadian coastal community reputed to be a nice, quiet, clean, respectable, even conservative place to grow up.

My History

I grew up participating in two different secret cults: my father's ancient patriarchal clan which had a few brutal sexual "family traditions" and my mother's matriarchal "healing magic coven" which had some painful, twisted rituals. Each subjected me to ritual abuse and mind-control training from birth.

Through my paternal grandfather ("Clan Chieftain" and military supplies-man), Mom made a deal: social status and a secure cash flow in exchange for her secrecy and unquestioning cooperation in making me available for, and amenable to, a "secret military training program."[1] I was enrolled in individualized training as a demonstration model, with the resultant "social and financial benefits and opportunities." My sole purpose was to provide proof of the "military men's" viable, marketable training program, with controllable results and guaranteed secrecy and anonymity for clients.

In total, through these avenues, I personally experienced a dozen different types of programming and training "paths," evidencing effectiveness as well as options.

From infancy until age 18, "life lessons" occurred in places as diverse as my many family homes; friends' and relatives' homes; hospitals, medical and dental offices, theatres, service establishments, businesses, government buildings, and various military facilities; military transport trucks, clearings in forests and fields, caves, underground rooms, and tunnels. People involved, in one form or another, included relatives, neighbors and parents' co-workers; family friends, doctor, and dentist; local businessmen, police, hospital staff, government officials, and politicians. Most of these were/are apparently "upright citizens," often community leaders.

I believe I was chosen to be a demonstration model partly because my family had abilities and connections that aided in my training. My mother had keys to a small local live theatre, and could access it and its costumes

1 I say "military" because they wore Canadian military uniforms and used military bases, vehicles and equipment. I do not know if they acted on behalf of the Canadian military. I do know they were wealthy, influential people who were members of an organized crime ring with a professed goal of creating the world envisioned by their "Great Leader." When I attended their leaders' meetings as a note-taker and sexual slave, there were both North American and Asian leaders present. They referred to themselves as covering the Pacific region and mentioned several branches of their group who were each "in charge of" a different area of the world, just as I have been told is done in the game Risk.

and equipment when it was deserted. She was also a nurse at a local hospital where she could access the morgue, supplies, and medications. She was usually involved enough in my schools to have keys and access to them. My grandfather held rank with the local army militia and had keys to the armories, where he could access uniforms, equipment, vehicles, and weapons, as well as tunnels and prison cells, and was employed as a Department of National Defence supplies man at the local navy base, so he was able to order things that weren't readily accessible, as well as provide access to navy facilities and ships. My father was involved with civil defence and able to access their emergency supplies. All three of them had many connections to people in these areas, and were skilled at make-up, costuming, writing, organizing and directing. My father and grandfather often staged mock battles and disasters for legitimate training purposes, and both were skilled at building, mechanics, electrical work and special effects.

My mind-control programming included the use of: sensory/sleep/food deprivation; confusion, fear, pain, terror, guilt, shame, humiliation and belittlement; theatrics, trickery, illusion, lies and coercion; physical, emotional, verbal, sexual and spiritual abuse; forced actions against self/animals/others; double-bind situations; systematic behavior modification and hypnosis techniques; drugs, lights, sounds, smells, special effects, film projections, hidden cameras and microphones; sets, props, actors, costumes and make-up; role-play "characterizations" based on nursery rhymes, fairy tales, stories, books, movies and music; guns, electroshock, whips; shackles, chains and cages.

One important piece of technology my trainers used was a wooden chair which could rock, buck, rotate, and administer electric shocks. They always told me it was a "magic gateway chair" that allowed me to "ride the rainbow" to other places. They said the straps and helmet were to make sure all of me made the trip safely, and were for my protection while I travelled in faraway and strange realms.

This chair was used from about age 2, when they started creating "out of body" alters. At first, when I was placed in the chair it was used, with drugs, to gently vibrate and electrically stimulate me into feeling floaty. This familiarized me with it so I didn't fear the mild electric shocks, interpreting them only as what happens while travelling. A fan often blew wind at me too, making it feel as if the chair was actually moving through space to somewhere else. For different alters they gave it different purposes: easily done by naming a different destination, and using props, sets, lighting and sounds or music to create specific "moods" and associations. The chair's bucking and spinning was used to create internal tornados through

little pulses and zaps added to the whole wild weather feeling. Over the years, the chair was used to vibrate me into an "open channel" state, and to "ride the rainbow," which was mostly the sensation of traveling with really amazing lighting and special effects added. Later it was used more harshly for "repairs," by making me near crazy and totally suggestible, and for punishments ("do what you're told or we'll have to zap some sense into you") and then for the final events which locked down my "inside people" and inner world.

Because of the way memory works, dissociation was also a primary tool; intentional use of traumatic situations made it possible to selectively disconnect aspects of awareness or experience from my conscious mind, and to create dissociated identities. Various psychoactive drugs were used to induce or enhance each particular dissociative state and to create "altered realities" or "escapes" that made it possible for alters to cope with otherwise unbearable experiences.

At any time one, or more, of these dissociated aspects of my experience were able to be triggered (by a word, circumstance, or event resembling some significant aspect of the traumatic experience), causing them to rise to consciousness and interfere with, even entirely override, the actual moment when such a flashback occurred. My understanding is that traumatic memories are stored differently than "ordinary" memories, in a manner which allows them to remain available and accessible, clear and intact as if locked in a vacuum that prevents aging or disintegration of integrity. In my case individual memories come up as a sort of "experiential movie clip," enabling me to recall and interpret the details of the mind-control patterns of even my preverbal experiences, since the emotional and physical "senses" remain accessible, with the "visuals and soundtrack" complete and whole in a manner which allows me to see, hear and feel what happened then, in the here and now, decades later.

Throughout much of my training, one man was often present. My handler, whom I called "Puffy," was in my life from infancy. Usually loving and friendly, stroking and kissing me, he was like my daddy, lover, sweetheart, and master all at once. He played with me and treated me like his precious little princess. He took me walking in his beautiful gardens (like in the gospel song "In the Garden," which says "he walks with me, and he talks with me, and he tells me I am his own"), swishing me about and scooping me up into his arms. He danced alone with me in his bedroom to Johnny Mathis tunes, crooning the words to me as if I was his lover. I stayed the night often enough at his estate home after various "events" that I believed I had my own bedroom, wardrobe, and music box and por-

celain horse collections, and that his servants were my servants. I even "had my own horse" in his stables for when the two of us went riding.

Puffy often filmed our time together, teaching me to ignore the camera; most of my alters learned not to see that it was there, which was important in later trainings and exploitations.[2] It also created confusion initially in therapy, until I learned to "zoom out" to out-of-body alters for the full details of a given scenario; before that I misinterpreted many memories. For example, at first I believed memories of a series of satanic events meant my family were Satanists and that "I" had been married to Satan (red skin, horns, tail, and all), so I lumped all the memories of the rituals of my parents individual cult groups together under this one heading of Satanism. Later, through an out-of-body alter that saw the cameras, wires, crew and staged setting, I learned the satanic-themed situations had actually been a series of porn and snuff films involving an alter who was never out anywhere else, so naturally interpreted them as her real life. After this became clear, I was able to separate the filmed Satanic rituals from the forest rituals of Mom's coven and Dad's clan traditions. Only the "zoomed out" perspective enabled me to recognize and distinguish the truth in all this.

First Steps: Birth—6 Years

Beginnings: Birth—2 years:

As alters were deliberately created, they were all associated with particular colors, each color representing a "path" or type of training. Colors were "tempered" by their shades – lighter shades (those with white added) tended to involve "sensitive" feelings, while darker shades (those with black added) tended to have only the angry, violent or power-seeking types of feelings, if they had any at all. Each alter was dressed in the colors associated with their path: that is, I was dressed in these colors and that's partly how I knew who I was at any given moment. This continued right until adulthood, with additional associations added as I became older. Only after integration was I able to choose my clothing based on anything other than the colors necessary for whatever I would be doing or needing to feel; mostly this was unconscious until late in therapy.

As much as possible, the color-coding was also linked to the seven primary chakra "chi energy" centers of eastern traditions. For me as a demonstration model, this was adapted to suit the larger training plans.

2 Once I crawled, I was punished harshly for touching the cameras/wires, then when I talked, I wasn't allowed to mention them in anyway or even to look at them. I often got kicked in the butt or slapped across the face until I learned these things.

Traditional meanings were given twists to make the associations fit each alter's color training, resulting in each chakra's energy being unbalanced and chaotic: this made it easy to convince me of its dangerous power and the need for it to be controlled. My red root chakra was linked to power rituals as well as sex, while the orange spleen chakra's creativity was tied into internal security, alarms and warnings. Yellow and my center chakra's personal power were corrupted and made to feel particularly dangerous. My heart chakra and its green were linked to the values and words of my trainers and programming. Instead of being the throat chakra color of self-expression, blue became the color of "following orders from above," with the brow chakra color indigo as one of its shades. Purple became the color linked to my brow chakra and its insight and intellect. My crown chakra, the spirit "entry point" center, was linked to white instead of its usual violet. All of this was to tap into and take control of how my energy was used: even when they taught me to use these energies, it was twisted to suit their purposes and bound and barriered from my own.

My trainers generally used only enough trauma to accomplish their goals. Experiences became progressively more frequent and traumatic as I aged. Carefully pre-planned experiential incidents used "smoke and mirrors" (deception and illusions, assisted by drugs) to make specific aspects of each piece of training stick with the correct alter identity in a predictable manner. The science of child development was used to make training incidents age and stage appropriate for maximum effectiveness and potency. My alters understood them as "life lessons."

Birth to 6 months:

The first step in my color-coded training was to create the initial dissociative splits needed to form the foundation for the entire system of alters. During my first weeks of life, as much controllable dissociation as possible, as soon as possible, was established: from the first split moments after birth, training began building a different understanding of reality, with specific color-coded patterns for the role and character development for each alter and each path.

The very first intentional splits were created with trauma, including violent shaking, that choked off my birth cries while I heard my first words, "Don't cry! Stop crying! Be Quiet!" repeated loudly and angrily. This was followed immediately with very tight and brutal swathing, accompanied by the loud, commanding words "Keep still! Don't move! Stay still!" The words had no meaning for me at that point, but were important trigger phrases which were used thereafter to develop these alters and lock in

crucial programming to obey, keep still, and keep silent.

Basic "negative" emotional states such as fear, helplessness, stifled anger, and loneliness, as well as "positive" ones such as pleasure, contentment and safety, were isolated into separate alters. Some of these splits initially involved trauma; all were developed by giving each alter experiences that locked them steadily deeper into "their" emotional state. Over time, some of these alters, and later certain other young alters, also came to be identified by different bodily positions such as curled up, bent over, twisted, or held rigid. Some of these splits were unknown to my abusers. Until late in therapy, these types of alters took and held their parts of my life: experiences were therefore often fragmented as they occurred. This meant that one alter could be "out" for an event, while one or more of these base alters "siphoned off" the feelings, emotional states, and/or pain that went with whatever was experienced, without truly being out in the body. Due to this, each alter's piece of the memory had to be accessed and addressed before the whole experience could be considered reclaimed and healed.

Initial testing began shortly after my birth, to determine my natural inborn aptitudes and interests, and continued throughout my infancy and toddler years. Many separate training paths based on colors were then developed and "installed" over time, each built layer upon layer. Linked to skill sets, each "color path" forged emotional and/or spiritual beliefs and control mechanisms or "programs" to create base belief systems. Some "programs," such as "obey," "don't tell," "be loyal," or "internal security/alarms" were created at the beginning and reinforced frequently as I grew.

By about 6 months of age, the splits, testing and training that occurred within the first few weeks of my life had already built a substructure of experiences, beliefs, attitudes, and behaviors in my earliest alters. The defining and setting of initial plans continued as training began to include progressively more color links; progressively tying color to sounds then words, shapes then symbols, etc, linking them to alter-specific feelings and meanings to produce specific and predictable results in their behaviors, responses, and actions. (For example, by toddler age, this had led to my first red path (sexual) alter doing a "lap dance" when I was placed on a man's lap, coyly and suggestively wiggling and giggling "just so.")

6 months to 2 years:

Training focused on installing basic commands and triggers in the initial alters. These identities were called forth later, using the trigger phrases or inducing the feeling states I experienced the day of the initial split, and additional trainings and associations were administered to create the

planned results for each alter. This kind of training is often called "programming" and essentially consists of training alter personalities through classical conditioning to instantly do whatever they have been taught to do in response to a command or a signal.

On the basis of the results of my ongoing tests and performances, each alter was given "life experiences" to increasingly lock in a separate, distinctive understanding and experience of reality unique to that alter. Intentional use of lights, colors, clothes and accessories, words, phrases, touch, smell, drugs, and quite specific color-coding methodically built the identifications and associations alters were forced to acquire, enabling my handler and trainers to create and develop each alter's individual belief system and value structure, systematically shaping his or her conceptions and understanding of "how the world works," "the rules of life," and almost everything he or she thought, felt, said, or did.

Although they had no power, alters' experiences included just the right amount of apparent personal empowerment to fool them into never knowing they were being manipulated. Believing the experience to be real was key!

Once enough alters existed and plans had been defined and set, serious training began, devised to seem simply part of normal everyday life to enhance my belief in it. Alters were called out into the body only for experiences that furthered their planned understanding of the world—so an alter being trained to follow a red path would only wear particular red clothing, be spoken to in particular ways, and have experiences in particular situations, with particular types of people. So little was left to chance that even the toys each alter was allowed were part of the plan.

My red path was primarily sex training, so everything had a sexual aspect for these alters: the way I was touched, spoken to, held, dressed; lots of stroking and inappropriate touching to make me familiar and comfortable with it; "sexy" music in the background; and lots of light-hearted play and laughter mixed in so it was all just fun. When there was pain, it was usually done with words, sounds and gentle touch that soothed, assuring me this was all for my own good, that it was preparing me for life. Hence, a complex, twisted sexuality was woven into my young red path alters' understanding of love and relationships, along with a sense of play mixed with a resignation that knew some parts of life hurt and you just had to endure smilingly.

As testing continued to identify and factor in my natural skills and abilities, the specifics for each training path were implemented. Throughout infancy and toddler-hood, trauma was used mainly to reinforce basic

commands ("don't cry," "be quiet," "don't tell," "don't move," "be still," "do as you're told," "obey," etc.) and to institute parameters for the alters' reality. If an alter "came out" when it wasn't her time, or acted or spoke inappropriately, harshness resulted. Appropriateness was rewarded with praise and seemingly loving, encouraging treatment, while inappropriateness was met with pain and withdrawal of love and affection. (The exception was alters who were supposed to be disconnected from people. In the black path, mainly "mercenary soldier" training, "love" was never used, only comfort and desire for appropriateness, versus pain and thwarting of desire for inappropriate behaviour.)

Steadily, as each alter had enough time "out" in the body, this all began to solidify. Each alter had his or her own unique way of being. Dissociative barriers kept them aware of only their own pieces of my overall life. And in turn, "I," the primary person who handled everyday life at home and in the world, was not aware of these alternate identities or their pieces of "my" life. It seemed natural for life to be broken into chunks, with missing pieces here and there, so "lost time" went unnoticed. Since continuity was unknown, there was no sense of discontinuity. A way of life had been established and my brain's way of coping with difficulties was "wired in" - simply create another alter!

Foundations: 2–6 years

By 2 years old:

Each of the initially created alters had a distinct identity with basic color-coded identifications and associations: his or her feelings, thoughts, behaviours, actions and beliefs had been linked to color-specific situations, places, sounds, words, phrases, gestures, shapes, and symbols.

Next, an "internal world" was created to house alters when they were not actively "out" in the body. In this world they always had the symbols and props required to ensure they remained programmed and controllable over the long-term. The creation of the inner world was done over time, using staged settings which were replicated in the inner world, to make the inner landscape, buildings, and items real and tangible. At first, only the most basic aspects of the world were installed, with specifics added later as needed.

Until this point, only the basic colors red, yellow, green, blue, black, white and brown were used. Now though, more hues were added and my inner world filled with colors linked to those found in the natural world around me.

My inner world sprang into existence as a luscious green magical fairy tale world with hills, valleys, a river, and an ever-present murmur of sound I came to call my "internal soundtrack," at this point labelled "the whis-

pering leaves." This soundtrack consisted of the words, phrases, songs, rhymes, chants and ditties that formed the guidance system or instructional backdrop of my life—"Be a good girl," "Do what you're told," "Skip to my Lou my darling," etc.

Next, a core system was placed in the center of the inner world, as a root or anchor, a guidance system, and an overseer system, all in one. For me, this was a "Tree of Life," with branches for the general color-coded path, and colored leaves for holding the specific memory and training links. Training thereafter was linked and built upon this tree.

The rest of the inner world was easily installed. Some of it was done outdoors; some in staged settings. Green was grass, trees and "whispering leaves." Blue was water, the sky, air, and wind, "the power and voice" of the whispering leaves and tornados. Yellow was the sun, a pot of gold at the end of the rainbow, pixie dust, a golden cup, and a "magic golden ball" of my externalized "dangerous true power." Brown was dirt, trees, "brownies and dwarves," dustballs and whirlwinds that whisked things away out of sight. White was fluffy pillows and clouds, angels, and "heaven," the home of the gods and goddesses (who were simulated by actors). Grey was fog, smoke, confusion and illusion. Rainbows were multi-colored magic paths to other "worlds" (some staged externally, some sections of the inner world where alters of other paths lived), unifying control mechanisms that pulled all the colors together. Black was being alone, dark, silent, cold, scary, dirty, tough, mean and nasty.

"Weather phenomena" got into the inner world the same way everything else did, simply by me being told they were there—like all children this age I naturally believed whatever I was told. Tornadoes, dustballs and whirlwinds were made with fans blowing wind at and around me when I was in "the magic chair"; at first I was taught to "control" them, then later to "be" them. Rainbows were created in the air around and under me in the chair, I think by means of light shining through sprays of water. The unifying control aspect of them was they could be used to call forth all the alters the colors represented, all at the same time. (Strobe or flashing lights were used for this later.) I was taught that the rainbow could link the world with the chair to whatever world I was going to (none of which I seem to have understood was inside me), with one end in each place, and the end that was not the chair end "moveable" so that it could be "set" to the destination.

My "tree of life" was then further defined as having nine branches (what I came to call "color paths"), each with its own particular color of leaf. These nine kinds of leaves—red, green, yellow, white, pink, purple,

multi-colored, brown, and orange—were everywhere as I toddled about outdoors in the autumn, so leaves on branches were easy foundational reference points to plant inside my mind.

Next, the programmers created nine foundational "virtues" alters who were assigned their own branches on the tree and given a leaf of their color to keep with them at all times as they lived (in the inner world) on or near their branches. From then on, since I had so many color paths/branches/leaves, my training was broader and more varied and conflicting than most people's would be.

By about 3 years of age:

Once the inner world and tree of life were solidly established and each of the foundational alters had his or her own branch and leaf to keep track of their specific training, the nine branches of the tree were assigned a combination of attributes (called "virtues") that best enhanced each color's training path. (These attributes were based on actual virtues, such as "kindness," "obedience," "loyalty," "honesty," "strength," "wisdom," "purity," "cleanliness," "order," "truth," and "justice." Each virtue was given its own twisted meaning, and some, like loyalty and obedience, were trained into all paths. Nearly all alters were taught to be "good," but what that meant was tailored to their training path.) I had to become skilled at connecting image and sensation records of lessons and trainings to the correct branches and leaves, a skill that later grew into a somewhat photographic memory.

The "virtues" attributes were developed through fun play activities with props, in costumes with accessories (these later acted as control mechanisms—i.e. a black purse or belt ensured aspects of security training were part of the scenario, gold jewelry meant a degree of authority for the alter wearing it, silver items created a spiritual connection, and metals and gemstones further defined complex role parameters), sometimes on staged sets, but also in my home and other real places, with the specifics of each color-coded branch of training being linked with particular items, obstacles, warnings, links and guideposts for alters, most of which were given internal representations that served as training/programming storage, reminders and trigger mechanisms. Sometimes these were simply objects; at other times they were imbued with "life" enough to become alters without actual personalities. For example, I had an "eyeball in a glass ball" that was the famous "All-Seeing Eye," always watching and recording me. Brown dustballs and whirlwinds ("magical dwarves and brownies in disguise") came to "whisk things away" when a secret appeared in danger of being exposed, and a

"wise" blue tornado whirled "safe words" to mind as distractions. A golden cup, that originally was held to "open a channeling state," eventually became an alter that was "an open channel." All these things were produced in the external world and reproduced in the inner world.

For my red path alters, the "virtues" attributes started as me "being" Little Red Riding Hood, the "good little girl in red," in danger and watching out for the "big bad wolf," protecting herself by being clever and coy while pretending everything was fine and normal. Playtime was a fun game, naked with my handler Puffy being all "scary and mean" and saying "I'm the big bad wolf – keep me happy or I'll eat you" with sexualized gestures, actions, stroking, rubbing, mixed with lots of bouncing, tickling, poking, laughs, and hugs. All my alter had to do was lick, kiss, wiggle and rub "in the ways that made the wolf growl or purr with pleasure" and she was "safe" and the winner of the game too! Then she knew for sure she was a "good girl."

These red path alters' sex-focused "virtue" of "good little girl" was expanded over the years to include "good little hostess" and "proper little lady," along a path leading to madam-like responsibilities. Their experiences were designed to establish a comfort zone pattern of sex and sexual interactions as a necessary part of life, with built-in, skilled use of words, phrases, actions, body language and emotional response patterns to suggest, encourage, and enhance the sexual experience for the "client," with power and security only felt by the alter when playing out familiar sexual roles.

Conversely, my dark blue and black path alters were tough soldiers (and a mean witch). They had to be forceful, calculating, manipulative, nasty, hurtful, uncaring, and "don't let anything stop (them)." Like a vicious, cruel version of normal boyish roughhousing, play for them involved much violence; sneaking up and scaring people, tackling, kicking, hitting, nasty words, insults, and putdowns. Their experiences established, for them only, a comfort zone pattern of following orders and "thinking on their feet," with "doing a good job," frustration, anger, aggressiveness, violence and destructiveness as the only ways to feel powerful.

My pink path alters were princesses or fairies: play had them naïve, innocent and believing they were "in charge, powerful and entitled to be treated royally," as evidenced by much bowing and apparent subservience by Puffy and his servants, and my trainers (who these alters thought were "private tutors"). Pink alters held fairy tale "all is good" beliefs and knew only good, happy feelings, (unless they weren't getting their way and had a temper tantrum, whereupon they had "all privileges removed until (they) could behave like proper ladies.") They went to fabulous high-class parties;

were pampered, carried, "swished and flown about"; they knew daydreaming, lightheartedness, and their wants and desires coming true magically. Similar to red path trainings, as I grew, pink alters were taught the skills required of "ladies of high-standing"—how to dress, walk, talk, organize parties, be a hostess, etc.

The white path was my main communication and word path; these alters learned to live in the outsider, observer point of view, and to interpret and make note of people's needs as shown in not only their words, but also their gestures and body language. At about age two, a "cloud" alter was split off to "see, feel and be inside the clouds," far away from my body and unaffected by the cares of the harsh world. Not long after, a "bird's-eye view overseer" was created to "watch everything" from an out-of-body perspective that saw "the bigger picture." Over time, through various alters, the entire white path learned to "hear the voice of the gods," "channel," "be an open vessel," and "let the visions guide," through training done with tiny speakers attached to my ears when I was drugged, so that "I" heard (and believed) the "voice of the gods" as it gave me words that sparked visions (created externally with film and holograph projections until I "learned" to have them in my mind.)

The approach of fun play "dress up" activities incorporating the stereotyped reference points found in nursery rhymes, songs, storybooks, TV, movies, and elsewhere in the real world, subconsciously reinforced the programming, repeatedly and over the long-term, in my daily life outside of the formal training, making it all the more believable for each individual alter, solidifying my dissociation even more.

Each alter continued to receive experiential training to develop and enhance his or her color-coded "virtues," personality traits and characteristic response and behavior patterns, along with the pertinent skill sets, vocabulary, etc. that went along with them. Character attributes were identified, practiced and instilled as "the way of people and the world." Unbeknownst to alters, costumes, props, actors, sets, etc. and increasingly detailed role-play and scripts were used to imbed the characterizations of this "school of life," instilling the exploitative "life lessons" by the osmosis that occurs naturally for a child. Structured around my age and developmental level, each new layer of these "lessons" was added and interwoven as I was able to understand or do new things—at first simple, basic and easy, then steadily becoming more and more complicated, detailed and demanding.

During this same age and stage, training began to move out into new venues. At 2 ½ years, my red and pink path alters' training had me in "an elite group" with other girls and boys, a class called "manners training"

(at an official local government residence) where we were taught "how to behave appropriately" in high society—etiquette and manners which included such "necessary skills" as how to do "lap dances," how to ballroom dance while ensuring your face is provocatively buried in your partners crotch in a way not clearly evident to any but the dance partner, and how to use the tongue in a French kiss.

"Puffy" was an important part of the manners training and their "reward" dinner parties, at which we children were treated as pets. Dressed in "grown up gowns and tuxedos," partnered men with girls and boys with ladies, we participated in fabulous dinners followed by ballroom dancing. These events included some big fat "military leaders" (who I also knew in other settings along with Puffy) as well as members of the "circle of 12+ 1," the group with whom Puffy performed rituals.

Between the ages of 3 and 5 years:

As any child ages, she spends more time in the broader world outside home and with other people. Similarly, practice of what my alters had learned was incorporated into less and less controlled situations. As my inner and outer worlds expanded, increasing use of actors, special effects, drugs and hypnosis in my training made alter personality parameters easier to embed, while enabling me to acquire skills in the process, much as in normal life, with each alter's knowledge and practice accruing over time. For my red path alters, sex with "clients" began, first with my handler or trainer in the room, then with him outside the door, then downstairs, etc., with the alter expected to be more amenable and skilled with each level attained, in new and varying situations.

In conjunction with this broadening world, the safety and well-being of self and others increasingly factored in as a training tool, with punishments and discipline becoming progressively more traumatic and harder to avoid. More and more, the programming-enhanced need to "get it right or suffer the consequences" became each alter's driving force—he or she must perform, behave, act, think, say, "be" as expected, or suffer extremely in one way or another. Even playful learning now also involved a degree of trying to stay safe and well, making it necessary for alters to do everything possible to maintain the beliefs and behaviors they had been given. Anything else (questions or disobedience) might result in something bad happening to them, or to things, animals, or people about whom the alter cared. This helped shape each alter's interests, desires and motivations while making them even more malleable.

Written symbols and words also came into critical focus at this age,

in the real world and in trainings, as well as in the training storage and trigger mechanisms used. The inner world was filling up. Where colors, shapes and symbols had been used with branches and leaves, now books with words replaced picture books, while road warning and direction signs (e.g., a STOP sign) and more were added to the symbolic internal items, and to the associations and links being forged by the carefully planned and executed experiences. Words were significant in my training (due to my aptitude-tested abilities and resulting training paths) and these were the initial building blocks used to teach me to read and write fluently at a very young age. Words were labels that made programs easy to store and access, especially as I grew older.

The foundational leaf color orange was linked to internal alarms if the security of the programming was breached. It involved pattern and word recognition and the reporting and recording of information and experiences, both internally and externally. From earliest lessons, orange connected the "controller," "storyteller" and "reporter" alters to key belief system trigger phrases like "Get the story right," "Don't miss anything," "Note every detail," and "They're always watching." Orange programs, like the first sign of the fall season, warned "the fall is coming" (meaning "nearing a fall," "watch my step," "be careful" what I said or did), inducing a state of ever-present hyper-alertness caused by terror over what would happen if a mistake was made.

This requirement of accuracy and attention to detail was also part of the white "word path" training. At first using pictures, then words, by 5 years of age, a little "scribe"/"scholar in training" alter had learned to make point-form lists for the "military leaders" at their planning meetings (they believed the silencing programs were infallible at this point and found me entertaining in this role), tracking group needs, who agreed with what, decisions made, etc. Another photographic memory building block, this progressed to detailed note-taking, then speech writing, and ultimately coalesced, by age 10, into alters who believed themselves to be an oracle and a preacher channeling the words of the gods, and rousing and rallying the crowds (or "people will suffer in these times of great change"). By age 7, I had read all the Nancy Drew and Hardy Boys mystery stories, at 8 was reading Perry Mason murder mysteries, and before 10, a huge, previously installed Inner World library held "ancient books and scrolls" that were the records of all "I" had listed, noted, read and learned. (To this day, I still have a "scrolling marquee across the front of my brain," with my every thought plus the words I am hearing printed out in text.)

Names however (and other words that could be used to identify characteristics or otherwise implicate my trainers, handlers or clients) were different. To protect against disclosure, every memory of such was unfailingly and automatically shunted away to the secret place in my mind (eventually entire special "code access only" storage areas in my inner world) that only the trainers and handlers knew about. For this purpose, from initial creation, all known alters were taught not to notice or be aware of (and seemingly not remember) such details. This was easily accomplished with simple, reality-denying statements ("don't be silly, that's not true, no-one like that, or named that, was here, you made it all up, stop lying"), which, when applied immediately and consistently, invalidated and denied the alters' truth while creating and enforcing whatever false reality was needed. If this was insufficient, a hard slap across the face or some other quick, painful or shocking action would usually ensure that "what is forgotten remains forgotten."

Around 4 and 5 years of age:

This was an age when many splits were induced to form a broader range of alter emotional/belief system states, (i.e., "I'm rotten to the core," "I just want to curl up and die"), the crippling, crazy-making foundations of later "conformity measures" for controlling alter behavior patterns. Some of these splits were intentional. Others were accidental, occurring spontaneously when too much trauma came too close together, sometimes causing a number of splits during one incident. Since (as I have been told) mind-control programmers are usually trained to recognize the moment a split occurs (by a few very specific physical indications such as a shift in body posture or a particular sound that infants are reputed to make at that moment), most accidental splits were recognized and made use of, though an undetected split did occur now and then. As an example, in my "real life" childhood I was in and out of the hospital with severe asthma. The medical tests and treatments I underwent were often very painful and/or traumatic, so over the years I ended up with an entire group ("The Isolation Ward Kids") of undetected alter splits, each of them a secret, taking over for me in repeated medical situations.

Around the age of 6:

Each (known) alter's programming integrity was tested. This was accomplished without the alters' awareness, by testing for level of skill acquisition. My red path alters, for example, were left completely alone with a client from start to finish, including taking his/her money, believing the

test to be for their sex skills and overall "value," while, among other things, tests were really of my overall trustworthiness (would I talk/tell secrets, try to run/escape?).

My dark blue and black path "soldier" alters were tested for their ability to be cold, calculating and cruel as needed, and to "follow orders no matter what." At age 5, the death and dissection of a kitten was proof of the black soldier alter being able to "stomach the job," and at 6, a test proving "family loyalty" forced a choice for the dark blue alter between letting my little brother get hurt or letting our pet rabbit suffer and die. Among other things, along with the actual intent, any capitulation in such double-bind situations left me with crippling, soul-deadening shame, guilt, powerlessness and helplessness, especially in the presence of people with authority or "good, decent people."

After the tests had been made and satisfactory programming integrity confirmed, the inner world was then sealed, trapping foundational "virtues" alters (but not the other alters, who mainly received the actual training) inside with their programmed realities, behaviours, etc. This "seal" or "cap" built internal dissociative barriers that among other things, made alters, despite living there when not out in the body, completely unable to distinguish the inner world from the outer. They were left with only their personal belief systems, personality traits and skills, and the "safe, acceptable, allowed" memories of their portions of my life. (This remained the status quo until "I" discovered the existence of the alters and inner world at the age of 31.) This ensured that the sealed in alters stayed stuck at an age and stage of development that believed in fairy tales and magic, and lacked the ability to distinguish between fact and fantasy. As the seal was done, "re-activation coding"[3] was incorporated so that, if necessary at a later time, my trainers could open the seal, make necessary changes and additions to my inner world and what it held, then reseal it afterwards.

Middle Steps: 6–12 Years

Fact or Fancy?—Learn & Practice: 6–9 years:
By 6–7 years old:

After the "seal" was solidly in place for all alters (in October 1966, just after I entered 1st grade in primary school), the main focus of my training

3 Re-activation codes were words, symbols, and actions which alters had been trained to remember and respond to by following instructions they had been given. It was not enough for me to remember the codes; a person outside myself had to say the words, show me the symbols, and make the correct actions (after I told them what to say and do) for the instructions to work.

shifted to role responsibility and a steady acquisition of knowledge and skill. Building upon the locked-in basic feelings, thoughts and responses of the foundational trainings, this was a time of intense and hard-driving learning and practice, often trauma-based, always with a baseline of fear that I must "prove (my) worth" or be "too much trouble" and "suffer the consequences." Terror and despair became my constant companions, keeping me in a hyper-vigilant "fight or flight" mode all the time, even during sleep.

Adding to my unconscious terror, red alters began to be used in a series of pornographic and snuff films with satanic ritual themes, created in conjunction with actual local satanic cults and pedophile groups. These alters, like all alters used in various porn and/or snuff films over the years, believed the experiences to be completely real—one alter honestly believed she was being groomed to be "The Bride of Satan" and was quite proud of it! Most of these films were a side-line of my handler, and often involved some or all of his own "ritual circle group"—referred to as "the circle of 12 + 1," because 12 would form the circle and 1 "power tool" (me—there may have been others too, but not when I was there) would be in the middle. My inclusion in a few of these types of films was also due to one or both of my parents "renting me out" to various groups. In my experience, these types of organized crime groups and their members interact and assist each other in their different pursuits.

Another area of hard-driven training, from age five to nine or ten, occurred when Puffy took me to "military" planning sessions I call Out of Time Rallies, since I was told they took place "outside of time" and that the only way to get to them was by way of the "magic gateway chair." These were mainly where the white scribe alter was developed and trained, taking notes for the "fat old military leaders" while also serving as a sexual entertainment tool for their concurrent orgies. (These men seem to have included sex in most things they did!) It was at these sessions that I learned details of the "great leader's plans" and the eventual planned role for my white path of "rallying the people," which greatly added to my underlying terror.

At other times, in another terror-creating aspect of my "secret life" that took place from toddlerhood to age 12, Puffy was sometimes among these same men, on a huge, glamorous offshore yacht that was used for child sex slave trafficking, among other things. When I was little, pink and/or red alters were mostly just passed around for lap dances and other sexual abuses, or made to dance and otherwise entertain, all while being treated and spoken to like a little princess who was precious and loved. Sometimes my young dark blue and black soldier alters were forced to

"do battle" here with other young boys in soldier training, while the men placed bets to see which of us "had what it takes to succeed." As I grew older, pink and red alters were also groomed here for "hostess," "respected lady," and other linked roles in high society. At some point, it became part of the red alters' jobs to help break down, then train as sex slaves those other child victims who were my age or younger. This use of me continued until I was twelve.

My grandfather was often the one who took me there, when he made his deliveries of "newly acquired trainees," who were usually missing or unregistered children of all races and ages, who had been transported from other places in the country and were being readied for shipping and sale in other countries. I remember being in the boat with these children when grandpa was handing them over, helping them climb the ladder up the side of the yacht. At other times I was already on the yacht, lined up beside Puffy awaiting grandpa's shipment, with all the men in their dark blue military uniforms with their fancy insignia lined up beside and across, in one of those two-sided formal greeting rows, and grandpa (in the same uniform) saluting as he handed over the latest shipment, with the formal military words of report, delivery and handing over of authority, and even me saluting back. I was in a formal gown for those times, to indicate that the children were being handed over to me for training. This pomp and ceremony made me believe it was legitimate and above board, and made the other children (who were drugged, starved, beaten, confused and terrified) believe it too, giving me clear authority over them as they were led, dragged or pushed through to their "quarters" and assigned "bunks."

The physiological and chemical overload from all the events occurring outside of my conscious awareness produced severe asthma by this age of 6, ulcers by 11, and by my teens emphysema and cervical cancer. Long hospital stays became part of my life and were simply incorporated into my training—lessons and abuse could take place there as easily as anywhere else, and sometimes it was quite convenient, providing credibility, and equipment for experiments and training.

By this age, my inner world had many boxes, filled with the paper records (drawings, symbols, lists, printed and written words, phrases and story-like descriptive reports) that had been in full use for years. Things were getting messy and starting to become uncontainable.

One day, I "went to pieces": when Dad opened a suitcase and pulled out the dummy he used for teaching CPR and mouth-to-mouth resuscitation, I thought it was a real lady and my mind snapped—I "short-circuited," screaming aloud as my vision fragmented and blurred, shifting in and out

of focus. Suddenly nothing made sense, I couldn't breathe. I lost my balance and fell to the living room floor, crying, shaking, kicking, screaming. Thoughts of "help me" and "what's happening to me?" spun in my mind, mixed with "I want to die" and "I'm crazy," while Dad, confused, yelled at Mom "what's happening to her?" Mom had obviously been warned of the possibility of something like this happening. She ignored Dad, grabbed the suitcase, stuffed me into it, and snapped it closed. Hyperventilating, my head spinning, and nearly unconscious, I heard Dad questioning her as she loaded us in the car and raced us to the nearby military base where I was turned over for "adjustments and fine-tuning" and immediately sedated into calm submission.

My dark blue-clad "tough girl" and "soldier" alters were then "repaired" in the brown wooden electric chair with silver ("spiritual stuff") and black ("internal security") attachments. Programs to "keep the pieces separate" were installed in them and other "internal alarms/security" alters of the black, dark blue and orange paths, using alterations to already existing security mechanisms, whirlwinds and tornadoes, as well as hallucinogenic drugs, pulsing and flashing strobe lights, and carefully administered zaps of electroshock. This process split off an alter in a permanent state of craziness, who was later used in "conformity measures" programming. No opportunity was missed to make a lesson out of my life experiences.

At 8 years of age:

Unbeknownst to my handler and trainers, a record keeper alter split off and got stuck at age eight, due to an overload of righteous outrage and hate from witnessing and recording too much hateful, horrific wrongness and injustice. Most of the "boxes of records" were kept by this alter and hidden in my inner tunnels. Luckily, "files in folders" had recently been introduced and instituted as the main storage system of my inner world, so this absence amazingly went unnoted, and the records remained pure and intact until this alter was discovered in my late 30's. As a result of this particular split, a significant piece of my natural activist/defender voice escaped later "adjustments and fine-tuning," and was never caught in the "shutdown and discard" programming which happened later. Instead, I was left with a burning desire to right wrongs, stop injustices, and generally "fight for the underdog" by bringing about positive change and transformation.

Training incorporated more and more nasty, painful, sickening aspects. Alters were taught ways of distracting themselves when it was "awful or yucky": counting or chanting/repeating a word or phrase silently, squeez-

ing something tightly, or "getting lost in the music." Reel-to-reel tapes joined the record playing stereo system, Polaroid camera, film projector, and other recording and reporting devices that had already accrued in my inner world. The music had the side effect of providing endless inspiration (it was the late 60's), even though this helpful escape mechanism was also used to create new trigger phrases and reinforce programming. It worked well with the previously installed "inner soundtrack," and was maintained by the only green path alters I had: a "green tree man" elf character whose job was to ensure that the correct, programmed rhymes, chants, songs or music for each situation were continually playing in my mind, guiding and shaping my feelings and responses on a sub-verbal level; and a combination Peter Pan/Pied Piper alter, hiding and playing the flute up in the trees in the inner forest. The aftereffects of this system still make me highly sensitive to the atmosphere and mood/emotional state that music creates.

Life is a Stage: Adjustments & Fine Tuning: 9–12 Years

9 –12 years:

This period was about me taking my place on "the stage of life," (also a place in my inner world) out in the world of pre-teen peer pressure and media influence. Staged and scripted scenarios presented in the external world, sometimes on the stage of a small theater, were instantly credible and completely believable to alters. As my interest in them naturally grew, popular fashions, teen idols, and hit parade music became powerful tools in the shaping of my now numerous alters. Many new storage and trigger mechanisms had to be created in my inner world too: clothes, purses, high-heeled shoes, make-up, and other feminine accessories for the red and pink alters; promotion-declaring insignias and more powerful weapons (such as a rifle) for the dark blue and black alters' cache; and much more, since, for proper program cohesion and function, each alter and each path had to have their own "inner world stuff."

By 9 years:

I had reached a point of overall, soul-level inability to cope with the grim existence that was my life: now, no amount of dissociation was sufficient to make it bearable. From the time I was tiny, anything that comforted or empowered me was always taken away or somehow tainted, so I could not or would not be able to draw upon it in my times of need. When I showed an affinity for nature and animals, I was taught, and believed, that "my allergies" made them dangerous for me to be near, touch or have these comforts. Everything I inherently excelled at and/or delighted in,

such as helping, sharing, communicating, entertaining, or educating, was exploited. Unconsciously trapped in hopeless panic and terror, and unable to express myself so I could be heard and saved, my soul, needing to take action to make things better, started producing uncontrollable "freak-outs": times when I "short circuited" and appeared to be a "crazy wild thing," crying, raging, shouting and screaming, causing damage, scaring and distressing those around me while injuring myself or working myself into an asthma attack.

During one of these incidents, I told secrets to hospital staff. This was followed by a lesson in the local psychiatric hospital, where there was a conveniently empty ward. My trainers gave me what I call "crazy talk" programming, with the messages: "Don't tell or you'll be locked up and lose your rights," "You can't escape," and "You can run but you can't hide." I was shackled to a bed and locked in a padded room until a "staff member" whom I thought was my ally left my shackle unlocked and the door open. A rebellious alter took the staged chance, ran, and thought she had escaped, only to be captured and have the resulting punishment lessons shatter all hope. After that, a "sick but always cheerful and smiling" alter came to maintain the necessary "program and path-approved" behaviors during my increasingly frequent hospitalizations, regardless of the condition I was in, the trauma I experienced, or the drugs I was given. This weak, fragile alter wore a light blue dressing gown and in the inner world was trapped in a dark blue, silver and black wheelchair, reminiscent of "the magic chair." After this incident, I was also given the label "hyperactive" (today it would be Attention Deficit Hyperactivity Disorder) and put on four adult doses per day of the drug Librium (the Ritalin of those times) to "keep me from getting too wound up" so I would be more manageable.

By about age 10:

File rooms in my inner world housed file cabinets filled with folders of training and programming experiences. A fastidious grey file-keeper alter, able to order and reference files but not understand what was in them, was created to keep the existence of the entire collection hidden, and each alter's knowledge and skills away from the other alters. This intentional hiddenness made healing difficult in later years: even with the file-keeper helping, finding and accessing memories and information took patience, intuition and determination, with much time and effort required to understand, interpret, and weave a way through each unique piece of programming. Utmost caution had to be used, since "fail-safes, booby-traps, and time bombs" had been installed as security measures.

"Fail-safes" are what I call the various "self-destruct," "booby-trap," and "time-bomb" programs. They were put in from the start of my training, and became more detailed, involved and tailored to me and my alters as time went by. They included instructions to never tell, keep silent, whisk knowledge or memories away, keep the pieces separate, or go crazy, and later to destroy my own credibility, sabotage myself, attempt suicide, or engage in addictions to cope or to belong, as well as the internal systems that reported infractions so punishments or repairs could be done. They were the programs that made me crash or be flooded with unbearable feelings, that locked away certain memories, or that made a memory or programmed belief impossible to escape from. Like a spider-web, they were linked, woven together to intersect, support, and back each other up. This was done by using the same phrases, such as "too much trouble," over and over, woven into many different trainings so that each particular trigger phrase could set a cascade of programs into effect, all linked and doing their own number on me. When I was older and being shut down, they were intended to be crippling mentally, emotionally, and physically (and I believe spiritually too), and the effects of the programs were designed to spiral, getting worse when they should get better. Affirmations that work well with the average person, for example, could make things far worse and actually trigger increased problems for me because of these kinds of programs.

One significant type of fail-safe programming involved "trip wires," which could trigger actual physical responses, such as an arm jerking, or pain in the chest that felt like a heart attack. These began as part of two separate aspects of my training; "flying" (for fairies, witch, and genie alters—done in a harness of the sort used in circus/gymnastics training), and being a "puppet on a string" (mostly to prove I was not in control of my own body). Both had me "encased in" wires and/or string (hidden from sight so the alters didn't know they were there) in a way that enabled my trainers to control my movements from a distance, and making it all "magical powers." Over time, these wires were used to form a network of control points throughout my body, each of which had specific "fail-safe" body responses linked to it; telling a secret produced the feeling of being choked for example, or ignoring an internal warning about a fall could make a knee buckle to make me truly fall and thereby enforce the validity of the warning.

"Self-destructs," mostly done after this age of 10, were triggered if I messed with my training (with or without a therapist), or became aware of memories I was not supposed to know. They could cause a "trip wire" physical response, and/or trigger a flood of feelings, without the content, from emotionally traumatic memories such as the death of a loved one,

being outcast by "the gods," or being told I was worthless, had failed, belonged in hell, or that no one could love me or save me. They offered relief from these unbearable feelings and physical sensations through distracting and potentially lethal activities, such as suicide attempts and other self-harming activities. "Time bombs" were programs that had situation or time-specific triggers built into them—for example, a set time or date to perform an assigned task, or to have self-destruct programs kick in even though I wasn't in contact with my trainers.

Crucial testing was also done at this age, to determine any need for adjustments and fine-tuning, and to look for evidence of any programming disintegration that would indicate my expiry date was nearing. Apparently unexpectedly, during the extreme test situations, when I was a child only 10 and 11 years old, evidence of deterioration (my soul fighting back) sprang up everywhere.

My white path "rallying and preaching" training was intended for me to speak the "words of the gods" at public events, and directed at making me believe I was helping the "great leader" and his followers save the world. In 1971, my split off activist alter had gathered, abstracted, and honed this training enough to take action in the real world when I was in an institution for sick children. The activist alter saw things that needed to change in the children's hospital, rallied other children to the cause, and organized a protest march. By the end of my four-month stay, new policies allowed residents to choose their own seats and companions and even converse during meals in the dining room, and to decorate their lounge and recreation rooms as they pleased. My part in this had dire consequences for me though, since it evidenced to my handler and trainers that my programming was deteriorating, forcing them to speed up their plans for their final uses of me before my shutdown.

Shortly thereafter, I found myself in a cage, on a stage in a large military mess tent, displaying the various "slave trainings" to rows of seated men in dark blue military dress uniforms. Their hooting, jeering, laughter and catcalls enraged my rebel and activist alters as I was "switched" by my handler from alter to alter to show the various trainings—from submissive sex slave to tough soldier to haughty princess, to coy, provocative little girl, to dominatrix, to oracle, to elf chanting "programming rhymes" and more—in rapid succession. Most of these alters were shocked and confused to find themselves in a cage, let alone triggered to display their various "personality/training profiles." Different music and lighting were used for different alters, and their names and trigger phrases were called out on a loudspeaker by Puffy. Sometimes he gave me a quick zap through the cage bars

under my feet, or a flick of a whip or a poke with a stick—whatever helped trigger the behavior being displayed. He and my trainers thought in the long-term, and were more focused on showing what could be created than what was already available: buyers were told they could order training tailor-made for their purposes, in addition to already trained children.

Before this incident, most demonstrations occurred in small gatherings in the places I was abused in (most often on the offshore yacht) and displayed only a couple of types of trainings specific to what the buyers wanted, so did not put me through such trauma in the process. This time, more drugged up than ever before, with a new combination of drugs, in pain and unbearably confused by the rapid succession of switches to alters with conflicting trainings, beliefs and feelings, something in my mind snapped. I started screaming and swearing at the men from inside the cage, spitting, rattling and slamming myself against the bars. The resulting series of punishments for this incident produced a number of splits, including an alter that lived in a cage.

At 11 years old:

Together with increasingly poor test results, the above incidents had proved irrevocably that I was uncontrollable. "Adjustments and fine-tuning" suddenly and drastically changed to what I call "shutdown" and "discard" programming. Lessons shifted to mainly drugged, brutally painful and confusing "nightmares come to life," intended to severely and permanently cripple or destroy my credibility, my ability to function coherently and consistently, and my sanity and physical body if necessary.

Soon after the caged demonstration, white alters who were the "voice and words of the gods" (the scholar/writer, oracle, and preacher) were "outcast from the realm of the gods," through deliberately engineered "failed tests" of their skills followed by terrifying, shaming and humiliating derision and belittlement about their inability to fulfill their "responsibility to the gods and the people" mixed with accusations of "putting people and loved ones in danger" through stupid, careless, selfish choices and actions. While I was under the influence of mind-altering drugs that distorted perception and sensation, initial "shutdown" scenarios (done with hypnosis and early holographic projections/movies on a staged set with actors) involved masses of people rioting and being injured or killed because of my failures.

Then, strapped in the by now familiar "magic gateway chair," these white alters "rode the rainbow" to "the realm of the gods," where they were told (and shown using holographic projections in smoke-filled air)

that they were "no longer of value and had become too much trouble," whereupon they were "cast out" and tossed into a simulated hell where they were told they belonged. These experiences transferred into the inner world, leaving one alter trapped in "purgatory," on the "outskirts of heaven," in smoky clouds of grey fog, hiding from the gods to avoid being sent back to hell.

Meanwhile, alters of other color paths were being set up for their own shutdown scenarios. One night in my handler's luxurious bedroom, I "overheard" a conversation about plans for my handler's upcoming monthly ceremonial circle, a ritual in which I was to send a "psychic arrow" to kill a man in another city who had become "too much trouble." Again, this was more than I could take at a soul-level. Red path alters with "dominatrix" (bondage and sadmasochistic) training, influenced by my matriarchal cult background (in which women were dominant and men subservient) and inspired at age six by Nancy Sinatra's mid-60's song "These Boots Are Made For Walking," decided this was the time to take matters into their own hands and take control of their own lives—they were not going to "damn my own soul for some stupid man's sake."

Immediate dire action seemed the only recourse: with heart-pounding terror, these alters managed to carefully plan and painstakingly execute traitorous actions against my handler and his circle, by putting poison into the ceremonial drink, which it was my job to mix. After these near deadly actions were discovered (thankfully before they did any harm) the red "powerful, accomplished, respected" lady and hostess alters were stripped of power in a several-days-long nightmare time that began with being stripped naked, kicked and beaten in the center of the "circle of 12 + 1." Undeniable evidence of my drop in status to outright slave came when I was shackled and chained, then forced to participate in the very crime my actions had been intended to save me from, after which I was "left to rot" in the cold, dark, hungry isolation of a cage in the basement of my handler's estate house. Eventually a different colored alter was called forth and removed from this place, thus ensuring that in the inner world the red alters remained beaten and caged, damned, sent to hell or otherwise imprisoned in their piece of this nightmare, until rediscovered 3 decades later.

For the next piece of this shutdown/discard program series, a three-year-old white alter was called forth by my handler's "housekeeper" woman while being freed from the cage in the dark. Confused and nearly fetal with pain, hunger and exhaustion, the "filthy little thing" was roughly shoved in a scalding hot bath, and scrubbed clean with a hard brush, while being

angrily lectured on the "terrible sins against the master," told to "pray to God for forgiveness" and that she (I) was "too much trouble, the master should get rid of me before she ruined everything." Not remembering anything of the cage or what came before this brutal treatment, the alter didn't know what sins had been committed. After briskly toweling and quickly dressing me in a little girl's white dress, ankle socks and patent leather shoes, then yanking a brush through my long, still wet and knotted hair, the housekeeper created further mind-boggling confusion. While tying white ribbons in my tight pigtails, she suddenly spoke tenderly, stroked my face gently, said how sad it all was and she'd miss me, what a sweet little thing I was, then, with a kiss on the cheek, a warm hug and kindly little swat on the bottom, sent me scurrying upstairs to the master, shaking her head and intoning "too bad you're so much trouble."

The alter innocently skipped upstairs to the familiar large, heavily brocaded, dimly lit bedroom, taking her usual place in the center of the tight circle with my handler ("the master") and the 11 other circle members. Immediately, one painful, shock-inducing kick in the stomach began a long, torturous "punishment and purification ceremony" that successively called forth 2, 3, 4, and 5 year old alters for beatings (to "get the evil out") and sexual abuse (to "anoint" and "plant good seeds" to "save" me). This incident ended with the little white alter called forth again to be choked into silence and unconsciousness as the new role parameters were reiterated. Another split happened and another alter was left trapped, locked in a debilitating, paralyzing moment in time, until therapy brought freedom decades later.

Also at age 11:

Similarly, after using re-activation codes to open the seal, my trainers individually called forth three of the original foundational "virtues" alters (red, green, and yellow) and "encased them in webs," with the aid of paralyzing drugs and the systematic torture of carving fine spider-web-like lines all over my body then painting them red and/or black: when the paint dried and shriveled, the lines looked and felt like burning traps that constricted. Then these alters were "thrown into the (inner) tunnels" (by throwing them into actual tunnels) and "left to rot," quite effectively silencing them by locking them into the immobilizing, excruciatingly painful restricted roles that were all they were thereafter to be allowed. Other alters were later taken out of the tunnels, dressed, and returned to real life.

Last Steps: 12–18 Years

Coming of Age—Discarded & Dropping Out: 12–15 years:
When I was 12 years old:

Restructuring of my inner world was required to accommodate these and other changes to alter characters and role parameters. New programs and accompanying trigger and storage mechanisms were installed, including "self-destructs," "booby-traps," "time-bombs" and other "fail-safes." Among these were implanted alters, who were visible to others in my inner world, but not really alters in the true sense, in that they were undeveloped so had no life histories. They were mainly "props," like the castle and the forest, to make my inner world look the way my trainers wanted it to look, though they were able to watch and report "infractions" so that further controls could be implemented or "fail-safe programs" activated when necessary.

White path alters had by this point been told they were "too stupid to make the grade" and "too selfish to be trusted." "The gods decreed" they had lost their rights: "speaking, writing or maintaining records of the words and truths of the gods," or otherwise "accessing or using the power of the gods" would harm someone, maybe me, maybe some unknown number of others. Judged "too clumsy and lacking in grace and beauty to be of value" and "stripped of all power, authority and respect," red path alters were no longer "proper ladies": any attendance at the high-class parties, "gatherings" or "ceremonies" was solely as a slave at the mercy of my master(s).

The inner dream castle (originally created when I was about 3 years old for pink and red alters to live in "royally" as fairies, princesses, and "mistresses of fine residence and standards") underwent significant changes during this time. The scholar/writer alter was sealed in his library tower with all of the white path scrolls and other records: to ensure only "allowed knowledge" was able to be known or expressed, a detached, emotionless grey "business writer" alter was split off and installed in a room at the foot of the tower as a gatekeeper.

The shutdown of my pink path brought a new tower to the castle to imprison a princess alter modeled on fairy tale Rapunzel, sealed in alone to "await a prince to save her." This programming scenario began with the princess alter waking up, as usual, to breakfast in "my" bed brought in by "my" servants. Puffy suddenly burst into the room, yelling and screaming at me about my "betrayal," throwing my breakfast to the floor, yanking me out of bed, and throwing me around as he ranted. This alter didn't understand or know what he was talking about. Crying in hysterical terror and confusion at this unfamiliar treatment, I cringed, asking repeatedly what I

had done wrong and what he meant, and saying "I'm sorry" over and over, even though I didn't know what I was sorry for. He trashed the bed's canopy and yanked all of my beautiful gowns out of the closet, throwing them in a heap on the floor. He dumped all my jewelry on top, smashing my music boxes and porcelain horse and doll collections in with the mess, all the while screaming that I had betrayed him and had no right to anything ever again. Then he called in his housekeeper and told her to burn it all.

Next I was dragged to the tower room and locked in with only a hair brush, as he told me I could stay there and rot for all he cared—maybe some other prince would come and save me, but he didn't want anything to do with me ever again. He said I was worse than garbage, and all sorts of awful stuff, while I kept crying "but I love you, I would never do anything to hurt you" in confusion and despair. The new "Rapunzel" alter created during this trauma was left there. Then the seal procedure was done, truly locking this part of me away until I was in my 30's. Puffy didn't know he had created a new alter; he thought he had sealed away the original princess alter. During the time I was actually imprisoned there (forever for the alter) food was slipped in on a tray through a little flap at the bottom of the door. "I" thought I was going to die there.

All of this helped redefine alter characters and roles. Using the original "sealed in" foundational "color-coded virtues" alters and their previously assigned attributes as entry points, further shutdown and discard programs were installed according to those alters' ages and developmental stages. Layered and interwoven as always, each incident built upon previous ones, with training now redefining each color group while forging new links to the media stereotypes best-suited to the "adjusted reality" (belief systems, behaviors, mannerisms, attire, etc.), shaping the alters' thoughts, feelings, words and actions along new life paths as societal outcasts: rebels, partiers, dropouts, sex and substance addicts, criminals and the mentally ill. Where my training had been based on following "good" paths (such as "good girl" or "good soldier," as defined by the "virtues" attributes), now I was sentenced to only "bad" paths. Tough alters learned they belonged on the streets. Red path alters became only a "woman in a red dress": loose and easy, a slave to sex and/or a "sex slave" to be dominated—sinful, adulterous or a prostitute.

Each color path was thereafter taught that their only avenue to feeling "good" or "powerful" was that of being "bad," so being stupid, scary, tough, weak, crazy, a hippie, rebel, partier, or dropout became good, necessary, desirable. Alters were trained to embrace "wild times" filled with sex, drugs, alcohol, criminal activities and/or weird, "flaky" practices. These

despicable forced actions (including violence and sexual victimization or predation of the sorts I had been subjected to) sickened me at a soul-level, resulting in deep guilt, shame, self-disgust, belief in my "badness," and an unwillingness to know myself or even think about or remember the awful things I had done that would prove how bad I was.

The mind-control and torture scenarios and tactics became more devastating and were usually at least potentially, and often actually, life-threatening.

When I was still only twelve years old, the dark blue and black path soldier shutdown involved a series of incidents in which, while drugged with LSD, I had to endure a "final survival skills exam" in a forested section of a local military shooting range/training ground. The staged event brought "failure," beatings and interrogation as a "prisoner of the enemy," then escape when I used self-defense training against other "soldiers" (children like me!). Then I was captured, given the label "traitor," and forced to undergo more interrogation with a shocking gang rape. This reduced my cold, tough, mostly male alters to "a stupid, whimpering, useless little girl" on the floor. Then, almost worse humiliation: the elite black soldier alter was demoted to "guardsman/gatekeeper." This meant that in the inner world he was seated at the door to the new inner bunkers that housed undeveloped "fat old men" leader alters. (Hastily implanted with hypnotic suggestion and generic looking photographs/visual images, they were based on the "fat military leaders" of my trainings, thus ensuring that if memories leaked they would be attributed to these implants rather than the actual men involved.) The black soldier alter had only the simple assignment to "maintain the status quo and await new mission orders, or recall and reactivation." "Sealed in" concussed, feeling confused, sick, stupid, soiled, tainted, worthless and hopeless, this alter and the others connected to him were later called forth and easily convinced to "drown their sorrows like any soldier would under the circumstances": drunkenness became "wise."

This series of incidents also involved my trainers adding barracks to the military base in my inner world and moving "military-related files" there. Unknown to them, my file-keeper alter decided to keep his own separate files from that point onward. The trainers went on to implant a "24-man Rear Guard" (more hastily suggested, mostly undeveloped alters, based on the "monkey guardsmen" in the Wizard of Oz and labeled "the Princess's Guard"—mainly they just marched about in my head and sang "Ho, ee, oh, ho, oh"), install a new "re-activation code," then "seal" it all with a new "cap"—a brown-uniformed "captain" alter, implanted and

shallowly developed as a "good, kind, decent and loyal gatekeeper." He was also given the title "brown leader," placing him in charge of the brown "whisk away" and other "cover-up" security measures.

About this same time, changes were made to the tasks of a little alter named Pat, who had been created when I was 2 ½, then developed and trained with single-minded purpose: to keep "my dangerous true power" (understood by her to be a ball of yellow power wrapped in black to keep it contained, but really just a black bowling ball that she rolled on the ground) away from all alters unless properly accessed by my trainers and handler (or my mother for her healing magic coven). Now, her task shifted to rolling patterns with her ball on a large checkerboard-like square on the ground. She had to memorize specific patterns for specific aspects of a given situation, defined by the sounds, setting, people, clothing, props, behaviours, words, etc, in the staged scenario, each of which was color- and path-connected through other alters and somehow linked to her by way of the process of practice and memorization, aided by the green alter's rhymes. Each square was linked to a specific category of these determinants, with each corner and side used to define them; examples include a square for lighting, noises/sounds, people present, body positions, clothing, etc. At first, she was given directions as she rolled her ball to the positions for each simple pattern "dark, noisy, men in suits, sitting" for example. As time passed, a patch of color was added to each square and she was taught more complex patterns and interpretations that could be applied to life in general in the real world. Thereafter Pat "rolled the patterns" continuously on the checkerboard in the inner world.

Meanwhile, as Pat mastered rolling the patterns she was taught, alterations were being made to an old crone "controller" alter and her control board, both of which were originally created when I was about 4 years old as part of the internal control and trigger systems for, among other things, my green alters and "inner soundtrack," and later the "trip wires" and other "fail-safe's." Now, Controller's job expanded to include interpreting the patterns and their connected colors and activating the correct alters in response. Her training was done using wrinkled, skin-colored gloves on my hands, a silver "Star Trek" look-alike control board with various colors of toggle switches, and experience watching another child (who this alter was told was Pat) roll the patterns through a window overlooking the checkerboard. I never had any image of the controller alter except the hands, the control board, and the window she looked out to see the patterns.

All of this was to give my personality system a new structure: a combination of four alters were to be simultaneously present in my consciousness at

all times, though only one could actually be "out" at any given time. This would ensure two things: that I always appeared "normal" (not multiple) to the world; and that only the appropriate skills and knowledge base were accessible in any given situation. To accomplish this, Pat first had to see and hear where I was and what was happening, then instantly roll the patterns (inside my head) to convey the specifics of the situation. These patterns were then interpreted by the controller alter, who flipped the right combination of switches to bring the correct alters to "just below the surface" where they could then take their turns "out" as the situation warranted.

This process continued to relay the necessary information, now also adjusted to fit the new parameters of alter roles, for green alters to know which songs, rhymes, etc. to run in my head as instructions to the alters who were thus called forth. Alters were always very situation-specific for me; too much going on at once, or an unfamiliar situation could leave me too confused to function or communicate coherently. With this complex interplay always at work, it became worse. Pat and the controller never slept unless the body did, and I believe the controller (along with a few others, most particularly a time-keeper alter and one accidental self-protector alter) was actually only partially asleep, staying ever-ready to ensure "our" safety and well-being. It felt as if the controller alter and the control board/mechanisms, as well as the time-keeper alter, were part of my brain functions, the same way the inner soundtrack still is, even now after integration. The closest I can come to explaining how she did her task is to say that she mumbled to herself as she did the switches, telling herself (and the rest of us) what she was doing.

How did I undo all this and what followed over the next few years? My inner world was active in ways my trainers hadn't anticipated. In the late 1990's, a group of alters remembered enough of what had happened to plan and execute a version of the reactivation sequence and codes. Internally, they "rode the rainbow" to the inner military base and "opened the gate." With this "invasion," it was discovered that none of the military alters had any loyalty to my trainers: they simply "followed orders for their own good" or because they were "good soldiers." All were convinced to "follow new orders," as long as the "correct codes" were given. The existence of these codes is what enabled my alters to access the necessary memories for healing to occur. The result of this inner journey (still unfolding another decade later) immediately included a "truckload of information" containing all of the "sealed in military records, files and file cabinets," and the addition of the military alters to my inner healing co-operative.

Within weeks, the next series of discard programs, "breathe smoke or

die," began training the asthmatic, wheel-chair bound light blue alter (the primary one who was around when I was hospitalized) into an addiction to cigarettes, and a by-product belief in her own stupidity for engaging in such a habit. These incidents took place in a local hospital. In late July 1973, just before I entered junior high school, no-one noticed the oxygen tanks for my oxygen tent in the isolation ward were different from the usual ones. No one noticed they held smoke (dry ice and ?), even when my "pure breathing space" filled with thick grey clouds and my coughing, gasping and breathing distress immediately worsened, then degenerated completely until I lost consciousness. Over a period of days, no one other than those involved noticed the grey smoke, or the switch to real oxygen when they needed to revive me (done by a nurse who worked with my trainers.) No one heard the commanding voice offering the "choice" to "breathe smoke or die," or noticed what was happening to me, repeatedly and with the same results each time. No one asked any questions either, even when my left lung collapsed. Though time to heal was finally permitted then, over the next year, this same procedure was repeated every few weeks or so, until I literally learned, at 13, to "breathe smoke or die": it was less life-threatening to breathe the smoke than to be continually put through such suffering.

When I was 13, 14 and 15:

In high school, popularity and peer pressure became driving forces in my life: the normal teenage need to belong afforded a strong motivating factor in discard trainings at this stage. To create a teen alter to "fit in" with the training-approved peer groups, the pink "good fairy" alter and the white ("cloud" and "voice of the gods") alters were traumatized together, forcing a merger and creating a new "bewitching, barefoot, tarot card reading, hippie/airhead/flake with absolute, absurd belief in magic and the healing arts." This "everyday life" personality was modeled after the character "Samantha" in one particular episode of TV's "Bewitched." Planned addictive patterns of smoking and drinking settled into place. Staged scenarios (using newly available theatrical and scientific special effects) continued adding new discard programming, while familiarizing alters with their "bad" roles before they were allowed out in the "real world." Drugged with hallucinogens, seated in "the chair" under many-colored strobe lights, participating in acted-out scenarios involving older teens in training (some "discards" like me, others merely as "actors") costumed as "the in crowd from my school," I was taught that the way to belong was to "smoke, drink, skip classes, have sex, party, be wild, drop out and rebel."

Popular teen idols and movie and TV characters of the time showed this to be true. New belief systems were instilled quickly and easily. Over time, I was given further "rebel training" to enjoy hitchhiking, street-car racing and other dangerous activities, and to seek out gang members, drug dealers and other criminals for the "best deals" and the "most loyal, trustworthy friends to hang out with."

Other training during this same period incorporated altering my feelings and perceptions through massive use of hallucinogenic drugs, mixed with large quantities of strong alcohol and extreme physical disorientation and duress. For example, one event I call "the idiot spin" had me very drunk, strapped in a device, and spun with great force, round about, upside down, left, right, and round and round again, as well as being suspended upside down for extended periods. Different alters were successively called forth during this spin and assaulted with many-colored flashing lights, painfully loud crashing, shattering sounds and music, and soul-wrenching accusations of the worst things they could imagine, until they vomited and/or passed out. The purpose of this spin was to tie all the colors together into a knot—a highly effective control mechanism state of sick craziness that could later instantly drop me to my knees or "send me over the edge."

At 15:

Having robbed me of the honor roll status I maintained from first grade through to the end of my first year in junior high school, discard training had reduced me to failing grades two years later in senior high. The next step was complete removal of all normal teenage life. Using the excuse that I "missed too many classes due to illness" my parents and school principal arranged for me to drop out and take correspondence classes, with mandatory attendance at school events to ensure invitations from "ordinary peers" to connect me with the wild life I had been assigned. Now I stayed up most of the night, sometimes just reading or drinking with Dad (as I had been doing since the earliest discard trainings at 13), more frequently being trained or exploited by my handler or others. Based on earlier tests by my trainers, it was expected that I would not be able to maintain correspondence courses without the external motivation of teacher and classmates, so this was simply a step towards the end of further education for me. It also made me more accessible for discard programming situations, allowing plenty of time to instill new life habits and routines to further limit me. One example is the proven quite acceptable habit of hitchhiking to find parties, booze, drugs and sex: now it occurred

daily, starting in the morning when I headed out to visit other dropouts.

For the spring and summer, I was given a furnished apartment and (despite my own babysitting income) my parents continued to provide me with a steady cash flow "for booze, food, parties, and other necessities of life." I was encouraged to "just enjoy myself and invite lots of friends for parties and sleepovers"; life became endless diversions and wild adventures termed "a good way to prevent depression and introspection." This setup afforded time and space for my abusers to create and develop a branch of the purple path for the first time since the "virtues" had been sealed away, blending the purple pick-pocketing and shoplifting skills ("swoop and grab" trainings of a little 3-year-old "genie on a magic flying carpet" alter), the "sex, manners and feminine wiles" of red, and the dark blue "tough girl/soldier" trainings to produce a magenta alter: bold, flirty, Mae West and Cher-styled "undercover spy," "keyholder and gatekeeper to the secrets of power." Thereafter, she kept track of my activities and those of others I was involved with, reported them to my trainers and handler, helped to ensure what was locked and sealed away inside stayed there, and also provided "access" for later re-activation and re-coding.

During this time, in conjunction with the creation of the magenta alter, a series of programs that I call "reframes" was done, as part of the whole redefinition of alter roles. Similar to the shutdowns when I was 12, these programs involved a series of separate incidents that locked away some alters and provided new role parameters for others. They were broken up and locked away in what I refer to as "time bubbles": disconnected, fragmented, puzzling and distressing chunks of time that both seemed to disappear, and at the same time to hang around and haunt me with horrific, terrifying confusion, mini-flashbacks and nightmares.

Such time-bubbles had occurred since I was young, becoming worse after each new series of shutdown programming sessions, contributing to my belief in the trainings and in my "craziness." All experiences encapsulated in time-bubbles incorporated the use of hypnosis, and whichever drugs, tools, equipment and methods were deemed best suited for the purpose of the incident and the alters involved. All were of extended duration and an extremely traumatic or worldview-shattering nature for the alters. Sometimes there were time-bubbles within time-bubbles, each holding a different alter's part of the event. Or an alter's time "out" might be so confusing for them that they were unable to recognize where one event ended and another months or years later began, so the whole lot would be lumped into one time-bubble.

Furthering the confusion, some of the shutdowns when I was pre-pu-

bescent and many of these "reframes" and subsequent lockdown programs included "erasing" what had actually happened and building new, fake "normal, ordinary, everyday" types of memories in their place. Although unknown alters usually retained their own memories after these incidents, it still seriously hampered my healing, and makes it impossible for me to be absolutely sure of the exact order of these types of programs. For the purpose of this writing therefore, the order these types of events unfold is that which best conveys the patterns in how significant things were accomplished and the beliefs and behaviors that resulted.

The "reframe" series of programs started with the "eldest" red alter being assigned the role of "gatekeeper" for all the alters who had anything to do with sexual trainings, exploitation or rituals, most particularly the red alters and those who had split off to hold the darkest, most painful, traumatic aspects of these experiences, many of whom were part of a group called the "Dark Shadows."

Next, a rapid "roll call" was done in a manner that brought all alters close to the surface but left none actually in control, with each alter or group being given new orders to either stay or "be banished forever to a far away realm where they could never harm anyone again." Banished alters were then called forth, individually and in groups, and traumatized in ways that fit their programming, making them believe they were dangerous and/or failures, similar to the way it had been done in the early shutdowns. My body was then placed in the "magic gateway chair" and they were made to "ride the rainbow to distant realms" (actually various inner world places), "never to be seen or heard from again."

Then, the live-theatre-style stage in my inner world was "renovated" and alters who had been told to stay were assigned "dressing rooms in the wings left and right of backstage," where they were to "play out their roles on the stage of life." The room of the reframed red "gatekeeper" alter was given a trapdoor, providing controlled access to the alters "submerged" in her, with "fail-safes" setup so that these alters' memories (the craziest, darkest, most confusing, terrifying and crippling) would surface first and even I would find them unbelievable. (Sixteen years later, the stage and "stage of life" alters were the first to be discovered in therapy and come out to be part of the healing on a conscious level—luckily some of them were able to make sense of all this!) Color-codings and role definitions were pared, narrowed and reframed to simple, clearly identifiable stereotypes. The magenta "keyholder, gatekeeper, Mae West" alter was left in charge as "the actress on stage" that the "characters come through."

After that, the dark blue "tough girl" alter was called forth and hu-

miliatingly turned into a "tough biker dyke chick," partly through a staged "seductive rape" incident by a female police officer on a police car in a closed-off section of a forested park, with male officers (some of whom I knew to be actual policemen) cheering her on and shouting obscenities about my "loving it with a woman" at me from the sidelines. This alter was defined as someone who "acted rather like Mae West, the bold, outrageous tough woman of an earlier time," establishing the magenta alter as a sub-alter within her.

This combination of "personality and skills" made me behave like and appear to be just another wild, naughty, sexually acting-out teenager, allowing me to act like any of the "stage of life" alters when their type of behavior was required, without revealing any of my history or the existence of the rest of my personality system. To make this work efficiently and safely, the new system of four alters was implemented; the "bewitching teen to fit in" white alter, "gate-keeping" red alter, dark blue "tough biker dyke chick," and magenta "undercover spy" were the primary alters, with the sick light blue alter the main "allowable" other. Pat's patterns and the controller alter's interpretations and options incorporated these changes that supposedly limited my system to these few alters.

Over the next few weeks, each of the "stage of life" alters was individually called forth and given a false "memory shell," so that if they ever told tales, shared secrets or otherwise broke the silence, what they said initially would be false, or fragmented and confused, thereby discrediting any of the truth that might manage to surface. These "memory shells" provided a false common background of life experiences that naturally progressed to my programmed lifestyle and beliefs—those of the shutdowns, outcasts, and later, disables and lockdowns—making everything feel and appear to have been by my choice or resulting from my true nature. The memory shells were created by showing each alter bits and pieces of "memory" that had been photographed, filmed, or otherwise recorded on a "brain imaging screen," spliced together with new clips of staged scenes with characters alters were told were them. (Further details on how this was done are included in the section when I am 18 years old, during the "brain wipe.") Because of these shells, it took years of therapy before I came near to understanding how all the pieces fit together in the puzzling bigger picture of my life.

In September, living again with my parents (after "proving I was a failure" at correspondence classes), I was enrolled in a high school across town, with the explanation "the others are all full." This meant I had to bus downtown and transfer at the corner where my new drug dealing bud-

dies, dropouts, and other street people hung out. Discard programs made this situation impossible to resist, so I rarely made it to classes, and if I did, it was under the influence of drugs. A few weeks later, when I failed a math test (the one grade I had been allowed to maintain, since it did not afford opportunities for me to tell secrets) I was finally convinced that "I really am stupid" and did "belong on the streets," so I dropped out of high school for the last time "by my own choice."

Moving Out: Disabled & Locked Down: 16–18 Years

At 16 years:

Shortly after my sixteenth birthday, I was once again in the ceremonial circle, this time as a "conduit" in a ritual intended to "claim power" for Puffy's latest project. At the crucial moment, soul-sickened by the state of my life and desperately hoping to end her servitude, a rebellious alter slipped out through the red gate-keeping alter who was "out," and cursed the circle members, "damning (them) all to hell with the full power I now hold." As one, they let out a huge, horrified gasp as their belief systems turned against them: the ritual was ended abruptly, and most fled in evident distress. Although she was never provided such an opportunity again, and punishment was a beating by Puffy (with her own chains) that didn't end until he choked her into unconsciousness, I was deemed truly dangerous and satisfyingly, the deferential (though sarcastically used) title "madam sorcerer" was bestowed and a shadow of fear remained in his and my trainer's eyes and behavior.

In retrospect, it is evident that "putting me in my place" (as was said often) was the agenda – and my place was to be one of life's losers, a high school dropout whose sole aim in life was to party. My asthma attacks became more frequent, as did attacks of hysteria. I ran away from home at every opportunity, only to be tracked down by my mother and berated, belittled and shamed with trigger phrases wherever I was found, in front of whoever was there.

At home, my family continued to follow discard training instructions: for example, behavior such as noisy sex in my bedroom elicited no intervention or comment. At one point, I met a man while hitchhiking; after we had sex in his fancy car he drove me home, came to the door, introduced himself and told Mom he wanted to marry me. For weeks, even though he was a stranger, Mom advised me to "marry the nice man, after all, you'll never be able to look after yourself." My new lifestyle left me with only damaged or discard-trained friends and little in common with the peers I had previously chosen. I hated myself, my family and my life without understanding why. I

was primed for the next steps in the disabling of my life.

A party at home (with new colored strobe lights and booze supplied by my parents for everyone this time) ended with new "you're crazy" programming involving "the guys with the straitjackets" being called to come and take me away (like the song "They're coming to take me away, ha ha, ho ho, hee hee"), utterly humiliating me in front of all my friends. A mix-up occurred however, and actual paramedics showed up instead of actors. The intended lessons went unfinished, but I was left with a fear of expressing my true self and being labeled crazy for it, especially by friends or those with the power to lock me up.

In July 1977, my perceptions of "the Navy" went from "just old guys" to "my buddies who take me for motorcycle rides to get them pot, then take me to their ship, buy me beer, and let me hang out with them." This affiliation with "the guys" was a discard "bad path" building block for my dark blue soldier and "tough biker dyke" alters, one which has left me to this day quite comfortable "hanging out with the boys" as "one of the guys." Still, by the time Elvis Presley died, I had been set up to move out into a "straight trade" living arrangement with one of those navy guys—the magenta and red alters traded sex for food, shelter, cigarettes and tokes, with freedom to have sex with others as long as I was there for him when he was in port. Two weeks later red alters were willingly pimped out to "nice men in hotels."

These things, among others mentioned, especially in my teens, were set up by people conveniently brought into my life through other people I knew that were connected with my trainers. Someone I trusted would introduce me to someone else connected to whatever my training called for. A trusted girlfriend, for example, who was part of my party/rebel discard training introduced me to the navy guy I moved in with, and another trusted girlfriend from the earliest "smoke to belong" training set up the pimping me out when the navy guy was at sea and I needed money for food and my medications and inhaler.

At 17:

Two months after I moved in, a discard-trained girlfriend took my place with the navy guy. This friend, the navy guy, my mother and others told me I was lucky living on the streets wasn't my only available option: my best plan was to get into the government's social services system, accept the label "handicapped" and move in with grandma. My sick, weak light blue alter in particular believed I had no other choice, so agreed to this plan. From then on, I was deemed "permanently disabled."

Over the next few months, training incidents lessened, largely due to my involvement with, then engagement to, a former navy guy (not the one I had lived with). This seemed to be taking me down an acceptable, discard-approved life path, but by late spring, I lived alone (while grandma was traveling), leaving me time for introspection that unwittingly fed into the final series of lockdown programs.

Unknown to my trainers, my "bigger picture" white alter and a "metaphysical healing magic" turquoise alter had been increasingly slipping through the white "teen to fit in" alter and the sick light blue alter, surfacing often. Under their influence, my self-awareness expanded. I saw myself and my life with new clarity. My conscious thoughts took new directions. Despite "plenty of friends and good times," I was depressed and suicidal yet again, living a life I knew at a soul-level to be wrong and bad for me. I had been trying to quit smoking and using drugs for years and did far too many dangerous things. As my suicide attempts increased in frequency and severity, and my activities became increasingly dangerous, the turquoise alter "pulled together with healing magic" the red alters' rebellious determination to do things our own way, and various other alters and their useful programs, to create a new, self-imposed mission: finding out what I had to learn and do to fix myself. These alters thereafter searched, asked questions, and perpetually sought answers and whatever help they could find.

During that spring, these same alters got me into a job training placement. This "inappropriate action" led to a discard-trained cousin convincing red alters to be her husband's mistress, and a wild summer filled with one setup party situation after another, copious amounts of drugs/alcohol, and indiscriminate sex with loggers, bikers and members of the coast guard, most of whom were also drug dealers. We often went to midnight showings of such "soft porn" movies as "Flesh Gordon" and "Rocky Horror Picture Show," all of which triggered nightmares and mini-flashbacks, while also reinforcing these "bad path trainings."

Lockdowns & Final Seal at 18

In August 1978, my conscience made me break up with my fiancé, since I had been cheating on him for months. This left me feeling as if I was completely "falling over the edge." Wondering if perhaps I was crazy and fearing "them coming to take me away," the help-seeking alters obtained a referral from my doctor to "the best psychiatrist in town." Presenting myself in skimpy, sexually provocative clothing, I was silenced (unintentionally) when the psychiatrist told me "There's nothing wrong with you, you are not crazy. Go away and stop wasting everybody's time."

Meanwhile, my handler and his colleague (whom I had known as "The Colonel" from about age 4 and believe was in charge of my actual training) had a two-year-old dilemma that had reached critical proportions: using me outside the "official" training program had helped turn me into a "continual trouble-maker and potential time-bomb." The two of them told many alters that they had to "shut (me) up once and for all" or they would "pay the price" and "suffer the consequences," and that if they couldn't shut me up, they "might as well slit (their) own throats." (Fortunately for me in the long-term, they were so frustrated with me by this point that they often lost their temper and spewed out information, to me or to each other, that they probably didn't intend me to hear.) So, instead of layering more programs into a failed system, over a period of about nine months, a "brain wipe" was done to erase what had been installed and my memories were "rebuilt," then the alters who were allowed to remain were "locked down" and a "final seal" was done. (I think now that this last series was really just intended to confuse me/my alter system so badly that I would be too much of a mess to ever be credible, let alone a threat.)

My self-initiated visit to the psychiatrist provided the perfect opportunity to begin this process. Leaving his office in a state of despair and desperation, reeling in shock, I was hitchhiking home. Getting into a van that stopped, I sensed danger, but too late. The man in the back grabbed me, pulling me into the van. I felt a prick in my arm. The door slammed, the van began moving and my head started to spin. The men demanded to know what I had seen the psychiatrist for, ordering me to "Report now!" Then, groggy and confused from the drug they had injected, I was delivered to The Colonel at the local mental health facility in a staged scenario that made me believe he was a psychiatrist. He barked "It's about time. What's your problem?" Totally confused, I hysterically burst into tears and told him I thought I was crazy and needed help. He gave me a pill to calm me as I spilled the details he asked for.

Minutes later, the main dark blue soldier alter was called forth and convinced he was a traitor. As a good, loyal soldier, he was unable to bear this: such betrayal meant he was a failure, dangerous to all he believed in and valued. He was told, and agreed, that the only option was to "take one for the team" and have his brain wiped clean with a "new medical procedure"; at least then he would retain his rank and be provided for. He was "officially relieved of his duties" and "released on the condition he report as ordered" for the "appointment" that had been "booked" for the "brain wipe procedure" (for more than two months later, at a time when I would be of legal age, precluding any need for parental consent and any questions

about "seeking help on my own"). After that, I was switched back to the hysterical, help-seeking alters, given another pill to calm me, and told to come back when I was "really ready to be helped." The dark blue "tough biker dyke chick" was called forth to be the one who returned to my "real life," and was left near unconscious on a nearby grassy knell, believing she had just "partied too hearty" yet again.

This became the pattern of the last and biggest parts of my shutdown training, the "brain wipe" and "joint lock" time-bubbles. During these "time-bubbles," one alter would attend a pre-set meeting with The Colonel in whatever role he was disguised to portray for that piece of the programming, then various alters would be called forth and given their specific training, with the "tough biker dyke chick" being brought "out" at the end and left somewhere in the real world, confused, not sure how she had got there, and generally attributing it to "another drunken blackout."

Some of these events started in the "therapy" office used by the "psychiatrist" Colonel for my Saturday appointments at the mental health facility, and then moved to what I have since learned was a storage room for audio-visual equipment. These hospital premises were used on a day when the areas I was in were mostly deserted. The "psychiatrist" said it was so we could take as long as we needed and not be disturbed. Other events began in the Colonel's office at the nearby military facility (also mostly deserted when I was there). The magenta "spy" alter attended her regular "report and debrief" meetings, then we moved to other areas, usually the room with "the chair." (Long before this, noting she never remembered leaving, she assumed it was due to pushing away the distasteful memories of the often violent "sex games" the Colonel made her play every time she was with him.)

The initial piece of the "brain wipe" took place shortly after my 18th birthday when the dark blue soldier alter appeared at the mental health facility on schedule, "officially signed his life away" at the front desk and proceeded to the "correct unit." After taking off his "civilian clothes," he lay still on the stretcher, cheerfully asking questions to hide his shame and fear while an I.V. was started in his forearm and the "proper chemicals to create the necessary reactions in the brain" were administered. Once the heart monitor and other "state of the art equipment" (simple audio-visual equipment!) on the table beside the bed were readied and the electrodes were all attached "strategically in key positions" on his head, torso and extremities, "Sergeant Tough" was told what would happen during the procedure while he floated in drugged calmness. When he opened his eyes, the "brain-imaging screen" beside him really did appear to display his

"thoughts and memories." His life did play backwards on the screen when the "rewind" started. After he saw them "put his brain functions on hold" with the "pause" button, he surrendered all wariness and caution, and began helpfully pointing out "important bits that shouldn't be missed" as he was regressed in age and his memories were "erased in reverse order, all the way back to the womb." When he learned he was "really only a stupid little girl," he disappeared.

This "magic of modern technology" was accomplished using drugged hypnosis combined with photographs and films of similar looking soldiers dressed in the same kind of dark blue uniform he wore, progressing by successive steps—showing the age he was supposed to be for that part—through to younger cadets, then little boys that turned out to be little girls. Throughout this process, the same technique was being used on my other alters, by way of "pausing" the soldier alter and calling forth pertinent alters (by name and/or by a phrase that would catch any unknown ones, such as "the little bitch who poisons") at each successive age. All of my experiences known to the mind controllers were included, to the degree necessary for each alter or group to believe it real: the amount of "time out in the body" and their "age and stage" determined the shape and form of the "memories" they were regressed through. Some required only a little bit of imagery, others needed quite a lot. Of course, many mistakes were made, so the "brain wipe" was not as successful as planned.

In this process my trainers also used what I call "backward language." It was a way of speaking used in some double-bind situations, and in the regression part of programming that "erased and rewrote" alters' life experiences. It communicated my "false life" that was being erased and the new "real life" being installed, while informing my file-keeper alter of which file to pull for whatever was to be done. Its phrasing helped in my healing to distinguish what had actually happened to me versus the fake life that was created in installments over the years. Examples include: "You were never or never did...," and "You did not receive...training," which really meant I had and was now supposed to forget it forever.

When the brain wipe regression had all of me/us "in the womb," a rapid "roll call" was done, then everyone was "paused." While the alters were still "paused," I was taken to the nearby, real world military base in the back of a military transport truck and placed in a dark room. The red "gatekeeper/madam sorcerer" alter (who believed she was a woman in her late 30's) was called forth, "sentenced to eternal damnation as punishment for her misuse of power and authority" (among them the "traitorous actions" at 10 that led to her being stripped of power, and the cursing

of the circle at 16) and sent to a very real seeming, hot, smoky "hell." There, accompanied by the "screams and moans of her victims and the souls she had damned," her "sins were replayed eternally" in the flames and air around her.

Next, the black soldier alter who had been left to "guard the leaders" was "discovered sleeping on the job" in his seat at the door in my inner world. Awakened into the body as he was "called to attention" with a brutal shaking, he was physically "taken away for questioning" in the familiar interrogation room, then dragged down the hall to a prisoner's cell, beaten to unconsciousness and left "to await his fate."

After that, I was returned unconscious to the hospital unit I had been in earlier, via the same transport truck, driver and guards. Alters necessary for my handler's and trainers' uses and my daily life were "re-grown" with images, scenes and real memories from my "normal, ordinary, everyday life." End of time bubble.

The next bubble started at the military base when the magenta alter reported for debriefing. A number of significant changes and additions were made to my inner world, mostly through hypnotic suggestion. "The trained skills group" was turned off: these robot-like alters were merely repositories of trained skills that would kick in when required (such as martial arts or ritual chants), a common storage for skills which certain alters could access but which weren't allowed to be held in the alters' actual memories.

The brown uniformed "rear guardsmen" were called forth, turned into "real men" (instead of monkey-men), issued identities consisting of first names, ages, sexual preferences, and one self-defense move each, then assigned shifts to cover the full 24 hours of each day—three 8-hour shifts with 8 men per shift. Their task became guarding/protecting the inner world by ensuring military alters behaved how, and remained where, they were supposed to. Although they could trigger internal warnings and "fail-safes," they mostly used distractions, like seeking out perverse sex or getting drunk in the real world, or else terrorizing or raping alters internally. The inner military compound was then "permanently locked down." "Electric fencing" was installed to barricade access to the black, brown and orange-linked military base, security, and alarm systems area, ensuring "only men in uniform get through the gate" and "women and children stay where they belong, safe on the other side in rainbow land." One of the "rear guardsmen" was declared a "wiring expert," promoted to "black elite soldier" status, and assigned the secret task of maintaining the fence and all other electrical, mechanical, and "new technology" mechanisms.

Further drugs were administered. The control board and control room were upgraded, primarily to ensure that all security measures, fail-safes, trip-wires, self-destructs, etc. were functioning properly and that the ones to come would meld correctly with them. Pat and her patterns had "disappeared" during the regression, but the controller alter was "re-grown" (with new fake memories) and issued completely new instructions for interpreting the control mechanisms and activating the correct alter patterns. Then, along with the file room and timekeeping room, (and the self-created isolation ward), the entire upper floor of the control tower (atop a hill on the "safe side" of the fence) was "hidden from view in the middle of a garden surrounded by prickly thorn bushes."

New access and re-activation codes were installed, under the code name "Red Green SOS Plan," and the captain ("cap") alter was given new orders and set up as sentry at the front gate of the inner military base. Finally, a "protective bubble" was installed "around the whole world" as a "forever seal." End of time-bubble.

The "joint lock" started in March 1979, with the final seal in place by late May, the month I would have graduated from high school had I not been forced to drop out. This final lockdown and seal was also a series of programs over a period of time. It mainly involved the tough biker chick alter (and all of the alters within her), the red gatekeeper/madam alter who had been "damned to eternal hell," and the black soldier alter who had been "awaiting his fate."

First though, all alters (oddly even those who had previously been made to disappear) had to sign contracts agreeing to whatever they understood needed to be "locked away forever." Mostly during "therapy" with "the psychiatrist," each known alter or group was traumatized according to their training and beliefs, until they "realized" they must sign, creating a large time-bubble with many small bubbles in it. This particular programming was done partly due to the help-seeking alters getting me into high-school upgrading classes, where activist alters used the white scribe/writer alter and the grey "business writer" alter to craft outspoken, activist-style essays. Because of this, it was the two writer alters who were called forth to start each session and required to "remain present" throughout, with the white alter's hand used by everyone as they signed. The file-keeper alter also had to be "present" throughout this and other such events. The final two contracts were part of both writer alters being given programming to "only write when stoned" (on marijuana joints), ensuring they "never harmed anyone with their words." After the last contract was signed, the last file cabinet was moved to my inner military base and the file-keeper

was told his job was finished, all he had to do now was "maintain the few simple files" that remained.

The "joint lock" and "final seal" time-bubbles started with the magenta alter reporting to the Colonel's military base office. After unusually vicious sex and many shots of rye during her debrief, she was taken to a "telephone booth-like" room and told it was time to "test her reflexes." Adjacent to the room with "the chair," this room was like a theatre sound and light booth, an x-ray technician's booth, and a police interrogation room all combined. The window was one of those two-way things that could appear as a mirror or a window in each room, enabling my trainers to view me without my seeing them or to project whatever images they needed to make alters believe the scenario they were playing out. The control panel provided the necessary mechanisms for a variety of "special effects" which were used in many of my trainings over the years. She/I was instructed to hit the colored lights on the "pattern board" when they flashed. As they flashed faster and faster, triggering "idiot spin" craziness and nausea among other things, a rapid roll call brought most alters near to the surface. She became increasingly confused and disoriented, feeling as if she was being pressed against from behind. The glass door closed. The small room became hot. The Colonel kept yelling at her to keep up, to prove she still had "what it takes." Eventually the heat, the confusing near to the surface presence of all the other alters, and the alcohol she had consumed made her pass out, dropping to the floor.

The next two pieces were very similar. Throughout both, Puffy's voice did a continual rapid roll call, keeping everyone near the surface in a way that prevented the usual "siphoning off" of bodily pain and emotions into hidden alters, and whatever drug I was given while unconscious made it feel as if every word soaked in through my skin, making these incidents more excruciating and confusing than any others before.

The red alter was called forth first into my now naked body, awakening in the place she perceived as the "flickering red flames of hell." Enraged at her captivity, berated and harassed by the Colonel, a man she hated, she was offered a deal: she could sell her soul, be sealed and bound to a life or death vow of silence, and be given a fresh start, a new life, with the agreement to partner with the man they had chosen for her, for all eternity, in secret, and be limited to a "basic ordinary life with only the knowledge every woman needs (how to be sexy for your man, run a household, etc)." She didn't want to deal with the Colonel, but after he slapped her around and raped her, she was more amenable—anything was better than a life spent in hell, subject to this hated man. She agreed,

and he knocked her unconscious.

The black soldier was also called forth naked, from the cell where he'd been "awaiting his fate." He too came out enraged, hating the man who was in charge of his life. As he was verbally and physically "dressed down" yet again for his "failures and laziness," he was also offered a deal—he could win back some degree of honor, respect and authority simply by agreeing to forever keep the silence and ensure no secrets ever escaped, partnered with a woman that would help him accomplish this. Refusing the deal, he too was convinced with a rape, one that had this tough soldier alter screaming in agony and willing to agree with anything to prevent this man ever sodomizing him again. As he cried out his agreement, the Colonel groaned his pleasure while choking him unconscious. Yet more drugs were injected, this time hallucinogens.

With both these alters readied, the dark blue "biker dyke chick" was next, coming to naked on the floor of the glass booth, with different colored lights flashing and the drone of the rapid roll call and snatches of different music in the distance. Seeing the Colonel as she struggled to her feet in an agonized daze, she screamed in outrage, "You raped me again, didn't you, you bastard!" He laughed and began insulting and haranguing her. The door of the room closed and it got so hot she could hardly breathe as she/I banged on the glass walls in rage, terror and confusion. Something disgustingly stinky started oozing up between the wooden floorboards as he told her how filthy she was, that she was garbage that belonged on the streets with the rats. Needles of pain assaulted her body (pinpoint jets of high-pressure water.) The walls started closing in slowly. She felt as if people were pressing against her from behind her, taking all her air, nearly suffocating her. Hysteria took over. When the Colonel told her she was so filthy they had to chip it away to find the real her underneath, and she heard, felt and saw pieces of something falling to the floor, she thought it was actually pieces of her. She kept beating at the glass walls, screaming in rage and begging for help at the same time.

He told her what a small, insignificant nothing she was. She could see herself in a mirror, trapped between something red on one side and something black on the other, could see herself getting smaller and thinner as he spoke, proving he was right. The walls pushed closer, squishing her and her long internal lineup of alters, trapping them all between the red and black. As her image disappeared, she was given a strong zap of the little electrode which must have been taped behind and just below her left ear. She sank to the floor, banging her head and knocking herself unconscious.

When consciousness returned after the squishing, "I" was in the familiar "chair" again. The red and black alters had been called forth into the body at the same time. My experience was that "we" could "each" see "both of us" at the same time—the "soldier" in black on the left and the "lady" in red on the right, each in their usual attire. They were separate and distinct people that could be seen right there in the mirror in front of me—there was even a very thin person in between them, proving they were different people. There was a steady hypnotic pulsing sound as the Colonel introduced the two alters to each other. He paced and ranted, addressing them from first one side, then the other, making their heads whip back and forth as he reiterated their crimes and sins and slapped them across the face now and then. As each alter spoke or was spoken to, a sharp pinpoint of light flashed on their side and my temple on the other side received a zap. Anger, pain, total confusion and a desire to have this nightmare end was all they felt by the time he eventually spelled out the terms of the deal they had agreed to. Finally, released from the chair, each on their "proper side," they were given a key for their side of the fence, which they used as ordered to "simultaneously lock it forever." Then they were made to "smoke a joint over the fence" to "seal the deal" making them partners and locking them into their "assignments"—keep the lid on things at all costs! After that, told to sit so they could "toast the agreement," they were seated back in "the chair."

Later in therapy, when seeing through other alters, including "out-of-body" ones, I learned how much of this and other "tricks" were done. In this case, I was dressed on one side as the soldier and the other side as the madam sorcerer. In the chair, mirrors were around and in front of me so that each could see the "whole" of the other, and projections added to the effect (as did the drugs, electroshock zaps, pulsing sound, flashing lights, and the beaten, exhausted state of my body.) The mirror in front of me was a distance away, and had an elongated image of the "biker dyke chick" projected on it somehow (which she could see from the inside of my mind where she was trapped, leading her to believe she was trapped between these two alters, the red and black she had seen just before losing consciousness).

At some point the image on the middle mirror in front of me changed to that of a wooden fence like the one in the Wizard of Oz. When they were ordered to do so, the two alters stood up, each on their own side of the fence and walked to the gate as instructed—more mirrors and projections. The locking of the gate and passing of the joint over the fence are mysteries I do not have the answer to—all I can say is both alters used

their keys, and passed the joint to the other, though I do remember the soldier being annoyed that he had to "use the wrong hand" to do it. Maybe someone was behind the mirror, maybe it was just me using both of my hands, maybe there was a time lag that I didn't perceive or remember. I suspect that a combination of the images, and hypnotic suggestion in the steady stream of directions, insults, and other comments coming from the Colonel, mixed with the alters' desire to have the whole business over and done with made them see whatever was needed to accomplish this.

As soon as the red and black alters were strapped back in the chair, they were zapped and the dark blue "biker dyke chick" was called out again. Too disoriented to really understand what was happening, she was subjected to the same pulses, zaps, and flashes of light (and Puffy's voice still doing the roll call in the background), along with another voice coming at her, telling her she was neither a man, nor a woman, but something in between. The voice said she could hang out with the guys, women or even children, but she didn't really belong anywhere and no one would ever love her. She was nobody, nothing, stuck in the middle of nowhere with nothing better to do with her life than party it away, drinking and doing drugs wherever she went. It said that the only way she'd ever be able to make the pain, loneliness, and confusion stop was to have a drink or smoke a joint.

Then the voice said there was something of value she could do, one way to have a partner—she could be "married to the gate!" The voice made this sound wonderful and desirable, something really important that would make her happy and be a "good deed" in the process. (Despite her earlier training, or maybe because of it, she still inherently wanted to "do good"). It didn't take much to convince her. She was released from "the chair" and with help, managed to stagger over to the gate in the fence. (She thought she must be very drunk.) She was given a "master key" in the form of a ring for her finger, and words were spoken "binding her forever to the gate." Then she was provided a motorcycle in the inner world and told she was "guardian of the gate," and that her task was to ride the back roads and keep watch over both sides of the gate. Except for parts that were the same as with the red and black alters, I believe this incident was largely hypnotic suggestion. Pretty much as soon as she was given her motorcycle, she just crumpled to the floor unconscious.

After sufficient time for my body to recover, the control mechanisms were drastically adjusted and the controller was again given new instructions. Then I was taken to the mental health facility. The "brain imaging screen" was used to update the "memory shells" of the magenta, red, black,

dark blue, and controller alters, to incorporate this last series of programs.

Finally, I was "set free to live my life as I choose," left "passed out" on the grass near the hospital in the middle of the night.

* * * * * *

This was the last I saw of Puffy and the Colonel. I never encountered either of them after the final lock and seal was done, although they continued to have me watched and triggered by others when they felt it was needed. Calculated caution, along with terror of being locked up or trapped back in their control, has helped me get to the point I am at now, integrated and able to write this paper. When a watcher visited me during the years of my recovery, I made sure to appear as dysfunctional as I had been programmed to be, and they would go away satisfied that the shutdown programming had worked. I am still watched and occasional attempts are made to trigger me, but I really am free to live my own life now, the life my heart and soul choose, not the one they designed for me. Patterns can crumble.

Chapter 20

Case Studies of Ritual Abuse Survivors: From Abuse to Activism

Jeanne Adams

Healing from ritualistic abuse is a long and arduous journey. The beginning of the journey is often overwhelming, both emotionally and physically, making it necessary for survivors to pull from inside reserves and focus only on their needs to survive and overcome. Further along in their healing journeys, many survivors make an interesting transition and discover a need to reach out to others who have suffered in ways similar to theirs. They find strength in working together, advocating for social reform and for each other.

The following case studies represent five self-identified, female survivors of ritualistic abuse. They have each done considerable healing work and are now involved in activism on behalf of other ritual abuse survivors. This activism work includes assisting in professional training through Mr. Light & Associates, Inc.,[1] and coordinating survivor workshops, peer support groups and various projects through the Utah Ritual Abuse Committee.[2] These case studies examine six areas: history, cult dynamics, forensic issues, clinical treatment, current life status and values. The information was obtained through oral interviews. Participants were advised to use pseudonyms. Some of them preferred to use their real names.

Niid La'i is an activist for abuse survivors, a writer and student, currently a bachelor's candidate working on her degree in Social Work. She is fifty-two years old. She grew up in Arizona, the daughter of a civil engineer and a homemaker. Her father worked for the Corps of Engineers. While her family was actively Catholic, they were also involved in a sub-group that inverted Catholic beliefs and brutalized Catholic rituals. Niid La'i has recalled a perverted Catechism that portrayed Jesus as a rapist with children abused on church altars. This particular sub-group

1 Mr. Light & Associates, Inc. is a non-profit organization created to educate professionals on the issues that surround childhood ritual abuse and advocate for survivors of severe childhood trauma.

2 The Utah Ritual Abuse Committee is an activist project of Mr. Light & Associates, Inc.

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followed her father's family with his parents and numerous brothers involved. Niid La'i's mother was pulled into the group by her marriage and remained a more passive participant. When Niid La'i attended parochial school, she also found herself subjected to abusive rituals at the school. She has noted clandestine involvement of the Knights of Columbus and Order of the Rose. Her abuse was never acknowledged in her childhood.

As a young adult, Niid La'i lived with depression and anxiety. During this time, she was being subjected to continued ritualistic abuse through her extended family and taken to locations outside of Arizona for laboratory experimentation. At age thirty-seven, after several months of physical illness, she began to recover memories of abuse. She then went into therapy for depression and required psychiatric hospitalization four times. During these hospitalizations, she was also diagnosed with panic attacks and misdiagnosed with Bipolar Disorder and psychosis. During therapy, she wrote a letter to her parents regarding her abuse and they broke off any further contact with her. Over the next two years, medical complaints found her in the hospital eighteen times. Gradually her health has improved.

The traumatic memories of her ritual abuse did not surface until she had been in therapy for five years. At age forty-two, Niid La'i was diagnosed with Poly-Fragmented Dissociative Identity Disorder. She began "losing" therapy sessions when alters came forward unknown to her. Niid La'i describes her dissociative system as having seven separate worlds guarded by a gatekeeper. Each world has a name: the porcelain world, the box world, the maze world, the shard world, the red world, the dark world, and the black world. There are several personalities on each world. Personalities present themselves in fragmented layers, as if they were created to take minute pieces of one abusive event. She states, "One time someone asked me how many personalities I have. To explain how many I felt there were, I described being in a room up to my knees in confetti." Each piece of confetti represented "one and two minute" alters created to take on a mere fraction of her abuse. Today she is continuing abreaction work so that the trauma that created so many fragments can be resolved.

Niid La'i describes herself as "Mormon Eclectic." As an adult, she has accepted Mormonism as her base faith, but she is also searching for truth in alternatives. She has a special interest in Shamanism as part of her Native American heritage. Niid La'i feels that she has survived and remembered because she was somehow chosen to break the chain

of abuse in her family.[3] She has recalled an abusive induction ceremony when she was fifteen years-old where she adamantly refused their decree of initiation. She holds her beliefs and the spiritual experiences she has been given as sacred. She feels committed to doing all she can to help people, particularly adults who were once so horrifically abused.

Deborah has worked as a professional woman all of her adult life. She is currently fifty-nine years old and works as a Public Policy Strategist, the project lead on a major public policy initiative. As a child, she grew up in a middle class environment, the daughter of a housewife and an oil company sales manager. Her abuse took place primarily in Indiana, when she was between the ages of five and nine years old. The cult group involved approximately thirty people, sometimes more. Although clergy was represented, including an Episcopal priest, the group appeared to be organized throughout several towns and family lineages rather than through the infiltration of a specific church or organization.

Children were used in ritual ceremonies. These rituals were very eucharistically oriented, meaning they had to drink the blood and often eat the body parts of both the humans and animals that had been sacrificed. Some rituals took place in a church. Most of the ceremonies, however, did not take place in any churches but were held in the woods, in clubs or other meeting rooms, or cult members' farms or basements, depending on what was being done. The children were also used in child prostitution and pornography.

Deborah's abuse never came to the attention of authorities. Scientists, physicians, some of whom were family physicians as well as close family friends, clergy and other professionals were involved in the cult group. Injuries were explained away as accidents and medical needs met by those physicians. She was used in a child sex ring run by a cult-involved clergy, explaining her life-long hostility towards both medical professionals and clergy. Deborah did not confide her abuse to anyone.

Deborah has been able to trace involvement in cult activities through three generations of her family on her mother's side. She considers her

3 While discussing reasons why she felt she had survived and remembered, Niid La'i fondly referred to a quote by Carlfred Broderick, a professor of Sociology, who described the "valiant spirits" of some children being born into abusive situations. He stated, "My experience in various church callings and in my profession as a family therapist has convinced me that God actively intervenes in some destructive lineages, assigning a valiant spirit to break the chain of destructiveness in such families. Although these children may suffer innocently as victims of violence, neglect, and exploitation, through the grace of God some find the strength to 'metabolize' the poison within themselves, refusing to pass it on to future generations. Before them were generations of destructive pain; after them the line flows clear and pure. Their children and children's children will call them blessed." Broderick, C., (1986). I Have a Question. Ensign, August, 38.

mother a *captive adult*, a parent trapped in cult behaviors due both to dissociation and threats to the life of her daughter. As far as Deborah knows, her mother was never conscious of their involvement. Deborah's own memories did not surface until after her mother's death five years ago.

Deborah is a respected professional in the fields of healthcare management and public policy. At age thirty, she got sober and has remained so for twenty-nine years. Prior to her memory retrieval she developed chronic fatigue which began healing upon release of memories. Drawing on strategies she learned in alcoholism recovery, and coupled with a strong support system of friends, co-workers and husband, Deborah has done most of her healing without the help of a therapist. Prior to her memory download she was in Jungian analysis and her analyst kept saying, "Something is coming up soon." Shortly after the memories came forward, failing health forced her analyst's retirement.

When asked why she felt she had survived and remembered her abuse, Deborah cites several factors. By "day" both parents reinforced her intelligence, humor and independence. She has always seen life as a "whole." She sees her inside system as a whole with a dissociated inner child who holds the programmed messages of abuse involving church and child sex rings. She believes that people are "hard wired" to heal and holds sacred the undamaged core within all human beings from which the healing light emanates and transforms, regardless of circumstances.

Marilyn is sixty-five years old and considering retirement. She is currently a licensed professional counselor and registered nurse. Her abuse took place in three segments lasting over thirty years of her life. As a child, Marilyn was involved in a day church/night church scenario where opposing beliefs were taught, the more benevolent and socially accepted beliefs during the day, and the darker and abusive ceremonies held during the night. In the daytime, Marilyn was raised as a Mormon. In the nighttime, Mormon beliefs became satanistic as they were inverted and abusively inflicted upon the children. Both daytime and nighttime gatherings were held in the same buildings. Night church represented a portion of the daytime congregation with twenty to thirty people participating. As Marilyn has stated, "Both used similar terms for rituals and ordinances, but they were different, as different as night and day. Both talked about God and Satan—I served both masters and was torn between good and evil."

Marilyn spent most of her childhood in Utah. She has traced her family's involvement generationally with both parents involved and rituals having taken place in her grandfather's barn. Her father was a colonel in the army and a Certified Public Accountant. Her mother once served as

an executive secretary to the Utah governor. She has recalled a paganistic ceremony held in the southern Utah dessert where approximately one-hundred people attended bringing in representatives from other states. Between the ages of eight and fifteen years old, Marilyn was also subjected to abusive laboratory experimentation in military settings, particularly in Veteran's Administration Hospitals. As an adult, she was taken back to these settings several times for further experimentation and programming.

Marilyn began having migraine headaches when she was still a child. She also incurred numerous injuries, all of which were perceived as childhood accidents. Her childhood abuse was never acknowledged. At age twenty-four, she had a major depressive episode with psychotic features. Many diagnoses of anxiety and Post Traumatic Stress Disorder (PTSD) followed. Her own awareness of her DID and severe childhood trauma did not come until she was in her fifties. By that time, Marilyn had been hospitalized twelve times, the longest time for three months. She had spent a lifetime dealing with depression, anxiety, migraines, ulcers, Gastroesophageal Reflux Disease, Irritable Bowel Syndrome, fibromyalgia and asthma.

Today Marilyn works fulltime and participates in volunteer activities. While she still deals with some chronic illness, she recently took all of her grandchildren on a camping outing, a testament to her endurance and stamina. She has remained within the bounds of her daytime religion, but struggles to stay there. She believes that she survived and remembered because "God wanted me to." She holds her relationship with God as sacred, along with her relationships with her children. She reveres nature, collects rocks and has developed a unique and irreplaceable sense of humor.

Bailey is a 55-year-old woman who runs a small non-profit organization. She spent her childhood in California. Her father was an attorney and her mother worked sporadically as a nurse. Both parents were alcoholic. Bailey's father controlled his family through fear and sexualized violence. He also involved his young daughter in a child sex ring. When she was nine years old, Bailey's father began taking her to clandestine meetings where twenty to thirty people would gather to perform abusive rituals on their own children. The group was patriarchal with its hierarchy including a Council of twelve High Priests. Masonic Temples were used for some of the ceremonies. Instructors taught the children to hate the concept of a loving God. They spoke of blonde haired, blue-eyed Aryans and felt that other races were inferior.

Bailey was a sickly child. Her parents told others that she was frail, clumsy and accident-prone. To further hide the abuse injuries and infections, Bailey's mother would bring home drugs from the hospital where she

worked. Shortly before Bailey turned twelve years old, she began bleeding from a spontaneous abortion and her mother took her to a county clinic. It was late at night and the doctor on duty became quite angry when he recognized the pregnancy. Although questioned by the doctor and nurse, Bailey remained silent regarding her abusers. She was taken home to recuperate and no action was taken on her behalf. A suicide attempt a few months later also concluded with no intervention or follow-up from hospital staff or authorities.

Bailey began getting painful headaches as a teenager. By age eighteen, she was diagnosed with depression. That same year, she managed to move away from home and distance herself from her destructive family. Unfortunately, the cycles of depression continued and her headaches grew into uncontrollable migraines. Bailey became a super-achiever, addicted to work and responsibility. Anxiety attacks ensued. By her early forties, Bailey became almost totally incapacitated due to unrelenting migraine attacks. At age forty-six, traumatic memories came flooding to the surface. As Bailey dealt with the emotions from the repressed traumatic events, her physical health greatly improved.

Bailey has always recognized the alcoholic dysfunction of her family of origin, but the abuse, from incest to ritual, remained hidden until the release of the repressed traumatic memories. It has taken her a while to accept a diagnosis of DID, first considering herself as dissociative and suffering from PTSD. She describes herself as having a component system, the same person at different ages, particularly the division of an unaware daytime child and the nighttime child who evolved to take on and hide the abuse. She had dealt with over one-hundred traumatic memories when she finally stepped into therapy. She remained in therapy for three years. Although she is still DID, she has made significant progress bringing her parts closer together. She no longer has migraine headaches. She states that she did not know how heavy the depression weighed on her until it lifted. Now it is gone.

Along with the traumatic memories, Bailey has recalled a number of spiritual experiences that occurred when she was a child. She has remembered standing in a brilliant light, feeling greatly loved and being told that she would survive and someday help other children. She believes that is why she has survived and remembered. She cherishes her relationship with her husband who is very dear to her. She holds sacred her present day family, friendships, and the loving presence she found in that sparkling light so many years ago.

Thunder is a thirty-eight year-old professional woman who works as

a social worker. She was raised in a very rural area in the Midwest, born into a generational family that mixed religion with Satanism. Her mother's side was Primitive Baptist; the kind that believed in holding rattlesnakes and if it's God's will, the person gets bitten. Her father's side of the family were long-standing believers of the Night. She states, "In the nights, I was exposed to the demons and on Sunday they told me I was possessed and going to hell. To be honest, both were abusive and off the wall."

Facing abuse both at home and in the cult group, Thunder began disclosing the abuse when she was in the first grade. When told, her teacher responded, "Your parents wouldn't do that." After a third grade teacher gave her a similar response, she stopped disclosing. She went to school with bruises and broken bones that were explained away as childhood accidents. By age twelve, she had hypertension and a bleeding problem that required numerous surgeries. As a sophomore in high school, she attempted suicide and was hospitalized.

In college, she began her life-long quest to separate herself from her family. She developed the ability to find good people to help her, disclosing to them only the level of abuse she thought they could handle. After being diagnosed with depression, Borderline Personality Disorder and as schizo-affective, she was more accurately diagnosed with DID at age twenty-three. She describes her alter system as having twelve alters at a long table, half standing in the light and the other half, standing in the dark. Additional alters have been identified later in her healing.

Unlike other survivors who have managed to break away from their perpetrators, Thunder continues to fight that battle to this day. Police reports from various locations document the harassment, but none of those agencies have been able to stop it. While her inside healing is progressing, the strain of continual outside danger is taking a toll on her physical health. She is truly fighting for her life.

When asked why she felt she had survived and remembered, Thunder responded that hers was a "very old soul" who had chosen to come into this battle so that the line of dark power would collapse. She said that at age five she had been placed on an altar where cult leaders had debated whether or not to kill her, because even then "there was too much light in her." She holds her friendships and animals sacred, as she does her life, because she has fought so hard to keep it.

Thunder would tell others that ritual abuse is real. She is angry at a system—doctors, preachers, and teachers—that does not protect its children. As a child, she had no where to run or hide. People who were supposed to help her, did not. She is grateful that a handful of people knew

she was worth salvaging and that they planted a belief of hope inside her.

Interesting conclusions can be drawn from the case studies of these five survivors of ritualistic abuse. Their childhood accounts depict events of physical, sexual and ritualistic abuse. The abuse was familial, each of them was brought into the organized abuse through one or more family members. For most of these women, generations of their families can be tied to their ritualistic abuse. The abusive groups appear to have been organized through family lines, towns and the infiltration into churches and benevolent organizations. Functioning in secret, these sub-groups inverted the beliefs of a greater Christian-oriented culture making them seen as satanistic. Whether they truly valued Satanic beliefs or simply used inverted values to sanction the abuse they inflicted is unknown. In all five cases, belief substantiated the severe trauma exacted in ritualized settings, enabling perpetrating adults to control the lives of their children and other captive adults.

Forensic issues did not come into play for these women. None of these cases came to the attention of authorities who were willing to step forward and report their suspicions. Medical personnel appear to have been on the front lines examining injuries, diagnosing infections and assisting in abortions. These professionals either accepted alternative explanations, chose not to report when abuse was suspected or were themselves participants in the abuse. Later when these survivors were adults, they saw physicians for chronic physical ailments and no correlation was perceived between unremitting illness and the now dissociated childhood trauma. These cases finally came into the mental health system when the adult survivors requested assistance for varied complaints.

Therapy has played a significant role in the healing of most of these women. Unfortunately several of these survivors spent years in ineffective therapy due to misdiagnoses. Other co-existing conditions, such as depression and anxiety, were properly diagnosed and treated only to return again and again until the underlying Dissociative Disorders were finally recognized and addressed. While these survivors have found clinical treatment to be valuable, they have interspersed traditional therapy with diverse alternative treatments created by the survivor community itself. Today most of these women would still consider themselves dissociative and in the process of recovery, yet at the same time, they are highly functional, consciously aware of their abusive pasts and determined to break the chain of their generational dysfunction.

A common theme runs through the contemporary spirituality of these women survivors of ritualistic abuse. They all believe that they survived

their abuse so that they could some day heal and assist others. They all speak in terms of light and darkness and of the choices they have made to embrace the light. Most of them have recalled vivid experiences when they made that determination, some of them on altars and others in a spiritual realm. While their current religious faiths vary, the things they hold sacred are much the same: relationships with present-day family and friends, nature and life itself. They are models of endurance and resiliency, examples that can give hope to other ritual abuse survivors who are still struggling to heal and break free.

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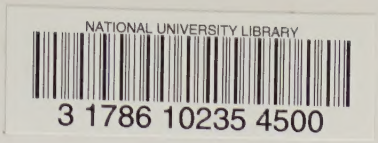
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Ritual abuse in the twenty-first century

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Allegations of ritual abuse are universal; and mental health professionals, theologians, law enforcers, scholars, victim advocates, and others struggle to comprehend the enormity of the devastation left in the wake of these heinous acts.

RITUAL ABUSE IN THE TWENTY-FIRST CENTURY addresses the concerns that naturally evolve from any discussion of this phenomenon from the perspectives of professionals, advocates, and survivors from around the world.

- How valid are the survivors' stories?
- Is there evidence?
- What are the consequences of these acts to the individual and society?
- Why have these allegations been ignored or discredited whenever they have surfaced?

The authors of these chapters respond to these and other questions in an effort to illustrate the constellation of psychological, health, legal, criminal, societal, and spiritual ramifications of ritual abuse.

ABOUT THE EDITORS: Randy and Pam Noblitt have been advocating on behalf of victims of ritual trauma for over two decades. Randy is a clinical psychologist, author, and educator and has acted as consultant, expert witness, and fact witness in civil and criminal cases involving allegations of child abuse, ritual abuse, and cult affiliation. He is currently a Professor and Director of the Clinical PsyD Program at the California School of Professional Psychology at Alliant International University in Los Angeles. Pam is a victim's advocate who was honored to be recognized as one of Eckerd's 100 Women of 2000. She has coauthored books and articles on ritual abuse and presented in various venues including the United Nations on behalf of victims.

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